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THE STETHOSCOPE:

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MONTHLY JOURNAL

OF

Medicine and the Collateral Sciences.

THE PROPERTY AND ORGAN OF THE

MEDICAL SOCIETY OF VIRGINIA.

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MEDICAL SOCIETY OF VIRGINIA.

Edited by a Committee of the Society.

VOL. IV. RICHMOND, VA., JANUARY 1854. NO. I.

An Essay on Burns.

BY J. WISTAR WALKE, M. D., CHESTERFIELD COUNTY, VA.

It has been said, by a very eminent man in our profession, that no inexperienced man ought to be suffered to write a treatise on medicine or surgery. Concurring in this opinion, I have been at a loss to select a subject with which to entertain you on this occasion; and after duly considering the matter, prefer, rather than embark upon the tempestuous ocean of theoretical discussion, to fall back on my *diary*, and select therefrom a subject on which my experience would best enable me to offer a few practical remarks, the result of my own observation. This I hope will suffice as an apology for the homeliness as some may think of the subject selected. Permit me then to bring to your notice the subject of burns, not so much with a view of putting you in possession of new remedies for their treatment, as their classification, and the discriminate employment of those remedies with which the profession is already acquainted. My object is not to take into consideration the plastic operations practiced by surgeons for the removal of deformities attendant on burns, but simply to make a few suggestions in relation to the treatment proper in recent cases, pursuing their natural course, where something is

loudly demanded to soothe and calm the victim's intense agony, produced by the application of the disorganizing element to the sensitive and highly refined nerve structure, depriving it of its efficient covering, and thereby subjecting the delicate sub-cutaneous tissues, contrary to nature's decrees, to atmospheric stimuli, resulting usually in the most intense irritation, to which the sufferer generally succumbs; nor is it my purpose to enter into a definition of burns as they are produced by the application of heat in its various forms, my object being rather to see if in their treatment we may not, as in all conditions of the system, be governed by the first principles of our profession, recognize and combat indications as they develop themselves, thereby elevating this particular class of affections, and relieving it of that empirical thraldom which is being manifest in the treatment of nearly all diseases. Never was there a malady in the treatment of which empiricism is more extensively practiced than in burns. Forgetful that the same system that suffers in miasmatic fevers, suffers in burns, and that the same chain of sympathies involved in the one, is to a greater or less extent involved in the other—disregarding the principles of analogy, the antique and exploded treatment in the generality of cases, of substituting for cuticle the artificial and inadequate covering, flour, &c. is eagerly embraced on the one hand, whilst the unscientific and barbarous practice of applying the most irritating articles, such as the oleum terebinthinæ, ceratum resinæ (and some of the Brunonian school are in favor of exposing the parts to fire, on the principle of subduction) is strenuously insisted on by the monotonous practice of the mere routinist. That the indiscriminate employment of such means is absurd and preposterous, is obvious to all who are acquainted with the anatomy of the parts involved, and their functional relation to the system at large. We can conceive of no malady in which there is a greater degree of functional derangement than that usually met with in extensive superficial burns of the trunk, head and neck; and the more we reflect on the delicate organization of the tissues implicated, and the reciprocity of sympathy maintained between these tissues and the most important internal organs, the better we shall be able to recognize and treat with promptness the indications as they develop themselves. We need not be surprised, then, at the utter want of nervous influence, with great prostration, met with on the one hand, and the tumultuous excitement of the circulatory system, the frightful delirium, the oppressed respiration, the fettered and embarrassed action of the heart, the obstinate constipation of the bowels, the congestion of the por-

tal system, giving rise to torpor and sluggishness of the liver; and a general want of cohesive power in the vascular apparatus resulting, from a deficiency of nervous influence; and hence, partly, the local and general effusion which sometimes supervenes.

I have seen a case in which, were it not for my knowledge of the inadequacy of such means in accomplishing the end for which they would be employed, I would be almost persuaded to the administration of diuretic medicines, or hydragogue cathartics, and even resort to the operation of tapping, such was the immense distension of the abdomen from a preternatural accumulation of serum.

Such is the rapid tendency to dissolution, where the shock of the nervous system is so great as to render the case of doubtful issue, that our resources are, instead of employing remedies with a view to their meliorating influence locally, save soothing applications, mostly employed in rallying the vital forces, and endeavoring to bring about that state of things necessary to sustain the "vis medicatrix naturæ" in performing its wonderful feats.

I have been surprised, in perusing essays by different authors on this subject, to find such contrariety of opinion. Indeed, save a pretty comprehensive essay met with in McClellan's late and able work on this class of affections, I know of no work that gives a full and satisfactory exposition of this most important subject. The fault, it seems to me, with those whose essays I have noticed, is, in not using sufficient explicitness, with perspicuity, in discriminating between burns of the extremities, and those in which the whole frame suffers more or less. The degree of constitutional irritation attendant on burns of the extremities, and those of the trunk, head and neck, is, I conceive, entirely incommensurate, both in violence and mode of treatment.

Inasmuch as the sympathies between the periphery of the trunk proper, head and neck, and the organs of life, are more direct and important than those existing between the extremities and the same organs, we will have a train of symptoms developed entirely different in their character, and requiring an entirely different mode of treatment. In burns of the extremities, or circumscribed burns of the trunk, not involving much extent of surface, I have never encountered much difficulty, where patience was exercised, in restoring the individuals to their accustomed health, except in cases where the *subjacent deep-seated* tissues were considerably involved; and then, even, the patient's life is not in much jeopardy, unless there be a depraved and scorbutic condition of sytem—the suppurative

stage, in this case, making demands which the constitution cannot satisfy. Burns of the abdomen, thorax, head and neck, are considered by all to be more dangerous than those of the extremities, buttocks, back and shoulders—and I have found that they require, to some extent, different management—the sensibility of the parts, &c. having to be considered. In no class of affections are the vital powers more completely shackled and paralyzed than in extensive superficial burns; there is no healthy function to be found, no organ exercising a normal function around which nature could convene her conservative powers; all is confusion, and our object, in such cases, should be, rather than present stumbling blocks, support her until she can marshal her forces, and again exhibit her mysterious powers. Such is not the case in local or circumscribed burns; in this case many of the functions of the economy remain in a perfectly normal condition, in the generality of cases, until a cure is effected.

The extent of injury the system sustains in burns is, perhaps, more variable than in any other class of affections: always nearly in proportion to the extent of surface involved, its particular locality, the intensity of the heat applied, and the depth to which the disorganizing influence extends.

Thus I have generally found the constitutional excitement to run higher and prove more formidable, and the patient's chance of recovery greatly lessened, when the trunk, head or neck was much involved.

Having in the course of my experience met with every variety of this direful species of human affliction, from the simplest form of erythema to the most intractable and frightful suppuration, I can in truth say that there is no malady to which the human family is exposed, the treatment of which is so little understood as that appropriate in burns.

So sensible are the vulgar of the routine mode of treatment usually advised by members of the profession, that they take this class of affections in their own hands exclusively, and confide their management to the "old women" and other quacks of the land. I would simply remark, before giving the treatment which has succeeded most effectually in my hands, that I have found burns from the explosion of the inflammable gas usually met with by laborers in coal mines are generally attended by more serious consequences, for reasons sufficiently obvious. The temperature in which they work is generally pleasant, but sometimes during the warm summer months they work entirely stripped of their clothing about the upper part of the body, neck and arms, and whenever they are thus exposed when an explosion takes place, the parts exposed are sometimes

completely denuded of the cuticle; the *deep seated* tissues suffering in proportion to the length of time they are exposed. An individual thus burnt will generally be found, when seen shortly after its occurrence, perfectly sensible, but complaining of chilliness, which is also evinced by the tremors that pervade the entire frame. Upon examining the pulse, the circulation will be found languid; the surface cool and somewhat corrugated; and the mucous membrane about the mouth and tongue presenting a pallid appearance—indeed, the whole aspect indicating a general want of innervative influence. This period of depression usually lasts from twelve to thirty-six hours, according to the extent of shock the system sustains; and we may reasonably conclude that, if it is protracted beyond this length of time, the "vis vitæ" is depressed below the rallying point.

Without regarding the arbitrary divisions, by authors, of burns, into the 1st, 2d, 3d and 4th stages, for perspicuity sake, as supposed by some, but which I am more disposed to think confounds rather than elucidates, I propose treating both the local and constitutional indications as they present themselves.

Erythema, the simplest form of burns, is the result of a transient application of heat, not to the extent of destroying or seriously impairing the vitality existing between the epidermis and *cutis vera*. The tendency, therefore, being to resolution, all I think necessary in the generality of cases is to use cool and soothing applications; the *liquor plumbi subacetatis*, for instance, or slippery elm water, of a grateful temperature, answers an admirable purpose.

Should there be, however, a considerable extent of surface involved, and the irritation become so exalted as to manifest itself, by a hard and accelerated pulse, it may become necessary, in addition to the above treatment, to use the lancet. This procedure, however, is very rarely necessary, and I believe this is the only stage, except in a few, very few cases, in which it is at all advisable. Sometimes it is proper to administer a small dose of the sulphate of magnesia, with a view to its cathartic influence. This is all that there is any occasion to do in erythema; but where the injury is of a more serious character, as is characterized by a want of sustaining power in the epidermic tunic, and consequent separation from the *cutis vera*, with effusion of serum, constituting what authors term a vesicular burn, the course of treatment becomes more important, and quite different. After letting off the water, collected in pouches about on the surface, without interrupting the insensible cuticle, a thin layer of

finely corded cotton, saturated with linseed oil, should be laid over the surface as far as the burn extends, using over this a light linen bandage, in such a way as to exclude entirely the air. This done, the constitutional symptoms next elicit our attention. Should reaction be slow in taking place, it will sometimes be necessary to venture the administration of a stimulant of some kind—say a little brandy and water, or small doses of the carb. ammonia. This course I never practice, however, unless I fear an inability on the part of the system to react, always fearing this stage may overwhelm the individual. After reaction has been established, to the extent, as is frequently the case, of rendering the individual feverish, with hot skin, quick pulse, dry tongue, more or less delirium, &c., febrifuges become proper, together with refrigerants, light diet, &c. Should, however, reaction not take place beyond a healthy grade, and the symptoms become of a nervous character, I have generally administered an anodyne with the happiest effects. One of the salts of morphia, or Dover's powder, in this case, usually mitigates the burning sensation experienced, and procures refreshing sleep, which is so important and necessary.

Nothing, I conceive, is more important than to control, by the cautious use of some anodyne, when admissible, the restlessness and nervous excitability, such a common symptom in burns. The course just spoken of as proper in the local management of this character of burn, should be continued; taking care, particularly through the winter season, or inclement weather at any period, not to remove the layers of cotton which were put on in the first instance, but simply apply the oil every morning on the top, and permit it to percolate through the cotton; in this way we avoid the disagreeable consequences which might follow the exposure of the raw surface to the atmosphere. This plan cannot be practiced with the same safety during warm seasons, because of the acrid quality of the matter when permitted to remain any length of time under the dressing, which will interrupt the process of healing, and render the individual uncomfortable.

When, in the course of a week or more, we suspect the excitability of the parts has been changed into a healthy action, we may remove the dressing for the purpose of being an eye witness to what is going on below. Should we find the parts uniformly healing smoothly over, we may continue the same application; but, as is often the case, should we discover points of ulceration here and there, it will be necessary to touch the ulcers with a weak solution of the nitrate of silver, which should be done as often as is deemed proper.

The bowels should invariably be attended to, and kept open by the occasional use of mild laxatives. Burns of a still more serious character require different management. It is sometimes the case that the individual suffers to the extent of rendering reaction from the beginning extremely doubtful—the individual complains of being cold, and on examining the pulse, it is found feeble, frequent and compressible. In such a case, besides the use of internal stimulation, we may use Sir Astley Cooper's liniment, consisting of equal parts of the oil of turpentine, lime water and linseed oil, locally. The quantity of turpentine may be increased or diminished, according to circumstances, with a view of eliciting nervous influence. This is the only character of burn that calls for the use of turpentine in the first stage; for I regard it a remedy applicable, in the large majority of cases, only after the exalted sensibility of the surface has been somewhat worn down, and the ulcerative process is languid and requires a local stimulant. Should we succeed in bringing about reaction, our means ought to be regulated according to its vehemency. It may require supporting or restraining—wine or brandy on the one hand, and febrifuges and refrigerants on the other. Cooper's stimulating liniment may now be exchanged for the dressing—cotton, linseed oil, &c. The individual, surviving the first shock, has now to encounter the exhausting suppuration which, unless there be great vigor of constitution, will be apt to carry them off. The constitutional treatment here becomes very important. A generous diet, tonics, and even stimulants are the means to be had recourse to; for it is highly necessary that nature should be supported in this mighty undertaking of meeting the demand of the suppurative stage.

Where the subjacent tissues have suffered to the greatest extent, there will be found, of course, the most extensive suppuration, and the ulcerative process will be tardiest. The granulations will sometimes be of such an irritable character as to bleed on being touched in the most cautious manner, and giving the individual considerable pain; anodyne poultices are, under such circumstances, appropriate, together with cool astringent lotions. Where, on the contrary, the granulations manifest a want of action, the ungt. basilicum or some gently stimulating liniment may be applied; or, where the granulations are too exuberant, they ought to be brought to a proper level by the caustic application or red precipitate ointment. We readily, in a case of this kind, see the importance of controlling nervous excitability by the appropriate use of anodynes to the extent of inducing tranquil and refreshing

sleep; for the expenditures of the system are so great that, unless we foster as much as possible the already hampered powers of the system, the individual must perish. In local or circumscribed burns, the incipient treatment is the same until the ulcerative stage begins, when it should be managed upon the principle of other ulcers. I have generally found that convalescence from extensive burns was very tardy, and required the most cautious management; the individual, as they frequently are, exposed to the prevailing epidemic influence, could not survive a severe attack of any fever, so completely prostrated are the powers of the system. I have thus briefly, and, as I know, very imperfectly given, in as condensed a manner as possible, a history of burns as I have met with them, together with the treatment I usually adopted.

A Case of Suicide.

BY JAS. BOLTON, M. D.

Reported to the Medico-Chirurgical Society at its first October meeting.

* * * * about 22 years of age, healthy, of good disposition and habits, and a general favorite with his acquaintances. On Sunday morning he appeared very sprightly, and left his sister, avowedly to dress in order to accompany her to church. Shortly after, he was found dead in a kneeling posture at the side of his bed, with a cord drawn tightly around his neck and secured to the bed post. If he had been standing erect, the part of the post to which the cord was tied, would have been on a level with his neck.

He was quickly released, but was in a state of insensibility, in which he shortly died.

Post mortem examination, made by myself, assisted by Dr. Dr. W. G. Carter, 24 hours after death. Cadaver well formed; above medium height; face, neck and breast livid, interspersed with spots of natural color; frothy, bloody mucus exuding from mouth and nostrils. On turning the body over, a very large quantity of this fluid was poured out from these apertures. No distinct mark of the cord upon the neck. Heart of natural size and healthy. Lungs, parenchyma deeply engorged. Bronchial tubes, trachea and larynx filled to overflowing with bloody serum.

Medical opinion before the coroner's jury.—No proof of suicide can be adduced from the post mortem appearances. These, however, are consistent with such a supposition. It is probable that he threw himself forward, and thus casting his whole

weight upon the cord, suddenly tightened the noose about his neck. Respiration being thus arrested, an apoplectic condition of both lungs, with extensive effusion into the cells and air tubes, was the result. This condition accounts for the fact that no relief followed the speedy removal of the cause of strangulation, and that death so quickly ensued.

The post mortem appearances in this case are unusual, and yet are such as may be readily accounted for, and such as one would expect from a priori reasoning to occur. The supply of air having been arrested, the aeration of the blood ceases, the vessels of the lungs are filled with carbonized blood, the pulmonary veins and left side of the heart refuses to propel it, the right side continues to perform its functions, forcing wave after wave into the already distended vessels, rupture or exudation from the capillaries takes place, the cells and air tubes become filled with the effused fluid, and the patient dies asphyxiated.

Case of Injury from the penetration of a Hay Fork into the Abdomen---With Recovery.

BY CHARLES R. KEMPER, M. D., CULPEPER COUNTY, VA.

In reading the communications of Dr. Sargeant of Worcester and Dr. Bryant of Aberdeen, Mi., (reported by Prof. C. D. Meigs,) in the last number of the American Journal, I was forcibly reminded of a very similar case occurring in my practice some few years since, which I have thought might not be without interest to *some* of the readers of your valuable journal.

It is remarkable that the *manner* in which the accident happened in the case reported by Dr. Sargeant and that occurring in my practice should have been almost identical.

On the 15th April 1849, a negro man belonging to G. J., aged about forty years, weighing 260 pounds, jumped from a hay loft about eight feet high on a pile of hay beneath, in which a fork was concealed, the tines being next the floor and handle slightly projecting above the hay. The fork was a wooden one, such as are generally used in curing hay; the extremity of the handle had been sharpened, but was considerably blunted by being stuck in the ground in the process of hay making; about 1¼ inches in diameter, and smooth from being handled.

The point of the fork entered the scrotum about midway and to the right of the raphe, passing obliquely *over* the *left*

ramus of os pubis, entered the cavity of the abdomen, and *projected* in the left hypochondriac region without entirely puncturing the integuments. The distance traversed was about ten inches.

I saw the patient two hours after the accident, (7 o'clock P. M.;) found him with a small, quick pulse, 120; nausea; frequent though ineffectual attempts to vomit; great pain in the course of the injury, particularly at the point of projection; the hemorrhage, which had been but slight, had entirely ceased.

Hoping that the fork had not penetrated the *cavity* of the abdomen, but had passed up between the skin and muscles of the abdomen, I was induced to examine the wound. By passing up the forefinger of my right hand and pressing pretty firmly, I could make the point of the finger dip over the pubic bones into the cavity, and distinctly feel the intestines and bladder, so that there could be no error in the diagnosis.

I ordered him ½ gr. morphine; 1 oz. brandy; a warm emollient poultice to abdomen.

16th—4 o'clock P. M.; found him with considerable fever; pulse 110; rather full; tenderness of abdomen; legs drawn up; has slept some during the night, and passed his urine; no action of bowels; venesec. 16 oz.; continue poultice; ¼ gr. morphine at bed time.

17th—4 o'clock P. M.; rather less fever; pulse 100, softer; has rested some, passed urine, no action of bowels; some tumefaction over the point of projection in left hypochondria; continue morphia, and poultice particularly over the point of swelling.

18th—Condition much the same, with the exception that there is now pain and tenderness, and greater tumefaction in the left side; evidently an abscess forming there. Ordered ½ oz. ol. ricini; continue poultice; the morphine to be taken after oil has acted.

19th—Oil acted slightly; took morphine at 10 o'clock P. M., since which time has slept some; indistinct fluctuation in the swelling; begins to point more, but thought it advisable to wait another day before opening abscess; continue poultice and morphine.

20th—10 o'clock A. M; opened abscess, from which flowed about an ounce of healthy pus, with some pieces of clothing, which had been carried in on the point of the fork, and acting as a foreign body, no doubt was the cause of the formation of the abscess.

From this time he improved rapidly, and in three weeks was able to do some light work.

In reviewing this case, I have been struck with two remarkable points in it: First. That so blunt an instrument should have entered so loose a texture as the scrotum, protected by the usual clothing of the season. Yet, when we remember the weight, (260 lbs.) and the impetus gained in a descent of eight feet, the occurrence will not appear impossible, as the facts of the case prove. Second. At first thought we would have supposed that the matter of the abscess would have flowed *back* into the cavity of the abdomen through the channel made by the fork.

The reason why this did not occur I think is this: The fork, in passing *obliquely*, produced a *flap-like* orifice in the peritoneum and muscles, upon the withdrawal of which the orifice was closed, and kept so by the pressure of viscera—the effusion of lymph permanently closing it before the abscess had fully formed.

November 1853.

For the Stethoscope.

Case of Poisoning by Creosote.

In March 1851, I was called to see W., who had taken by mistake a teaspoonful of creosote, left in a vial near some hive syrup which a physician had left with directions for him to take. W. was at the time lying in a very critical condition, from an attack of pneumonia. The physician before leaving gave explicit directions to the only attendant (his wife) for administering the syrup, but a brother afterwards coming in administered the creosote while the wife was attending to something else. The patient discovered the mistake directly, but not in time to prevent swallowing the poison. I found him fifteen minutes after the occurrence, lying in a comatose condition accompanied with slight delirium. The pupil of the eye was much dilated, and his countenance presented a wild and singular appearance. The pulse was about fifty, soft, regular and compressible. He was in a profuse perspiration. The medicine had evidently acted as a powerful sedative, but by no means so powerful as to endanger life. I feared that the poison, by its strong escharotic properties, would irrevocably injure that part of the stomach with which it would come in contact. I immediately gave him copious draughts of cold water, followed by 1 ounce of creta præparata, which in turn I followed with 40 grains of

pulverized ipecacuanha. Full and free vomiting was soon induced; after vomiting he appeared considerably relieved, and by the next day all unfavorable symptoms had disappeared except soreness of the œsophagus and stomach. I ordered him 1 grain opii for the day, to be continued so long as the soreness should. He recovered entirely in a few days from the effects of the poison, and after a tedious and protracted spell, from the attack of pneumonia, and is now a healthy man. I offer the above case without any comments. If I mistake not, it is about the second detailed case of poisoning by creosote on record.

EDWARD F. WILLIAMS.

Harrisonburg, Oct. 27, 1853.

Report of a Case of Congestive Fever---Quinine.

BY W. P. RICHARDSON, M. D., NEW KENT COUNTY, VA.

Mr. Editor—Now, that so many discordant views prevail among medical men as to the true therapeutic agency of quinine, (some regarding it in small doses as a tonic and stimulant, whilst others view it in the light of a powerful sedative when exhibited in larger doses,) I have thought it not presumptious to briefly present a case in which this *magnum donum dei*, whether in small or large quantities, filled a very important and indispensable agency.

On the 13th day of October last, I was summoned to see Mr. ——, aged 36, of a bilio-lymphatic temperament, living in a paludal district of country, and exposed at that season of the year, in a very high degree, to the noxious influence of malaria. When I reached his house he was laboring under the most distressing disease it has ever been my lot to witness—a disease about which I have frequently read as being prevalent in the south and southwest; but with one bare exception, (and that in his own son in 1847,) I never witnessed a similar case. It was a case of true *algid congestive fever* of the most malignant type. The symptoms were truly alarming—they presented to my mind every appearance of Asiatic cholera in the stage of collapse—pulse at the wrist scarcely perceptible—skin of an icy coldness, with big drops of cold perspiration standing on the forehead and body as though he had been immersed in water—countenance deeply anxious—lungs violently congested, as evidenced by great dispnœa, precordial oppression in a high degree, owing to great congestion

of the stomach accompanied with indomitable effort at vomiting and copious sero-sanguineous effusions from the bowels. Upon enquiry, I learned my patient had been subject to imperceptible chills for some weeks previous, followed by fever, anorexia and much emaciation. I sought to examine with as much certainty as possible at what period of the day the chill made its appearance, but could get no definite answer; consequently I was left somewhat in the dark as to the period when I should bring my battery to bear upon the enemy. For every fifteen or twenty minutes his bowels were pouring off large quantities of sero-sanguineous discharges. I therefore concluded to exhibit calomel, grs. iij, combined with pulv. Doveri grs. v, once in four hours until two doses had been given. Applied mustard cataplasms to the extremities, and heated up the patient with warm bricks, &c.

The next day I found my patient without any fever, lying on his bed reading a newspaper, saying he felt quite well and desired to eat. I immediately concluded without a doubt that there was a mere truce in the disease, and advised him to take grs. iv quinine once an hour. About 4 o'clock P. M. on the 14th he had a return of the chill, but it was not so bad as the first I saw him with. The following morning about 8 o'clock he had another chill, and from this last he did not recover in seventy-five hours. I now marked the character of this malignant fever to be of the double tertian type. The patient was in a much worse condition now than he was when I first saw him. There seemed to be only one organ in the whole body free from congestion, and that was his brain; and in this particular there was a marked similarity between him and his son when affected in the same way in 1847. The *magnum febrifugium* was the *sine qua non* at this time; life was fast ebbing away, and his friends were despairing of his recovery. You may rest assured, Mr. Editor, no time was lost and no pains spared to exhibit the great desideratum in frequent doses. I reasoned thus: The patient is in a state of apparent collapse; stomach, bowels, liver, spleen, kidneys—all in a state of high congestion; skin cold and clammy; perspiration pouring off the forehead in large and copious drops. What is wanting? I thought reaction should by all means be established as soon as possible, and resorted to quinine as the principal agent to meet that indication in the following manner, viz: quinine, grs. iv; camphor, gr. j, once an hour; calomel, grs. iij; camphor, gr. j, once in three hours. When the bowels acted too freely, gtt. xxv laudanum were given; sinapisms were applied to the whole spinal column, and Browne's cantharidine emplestrum was applied over the re-

gions of the stomach, chest and liver until the parts were vesicated; quinine was sprinkled over the blistered surface; stimulating enemata with grs. x quinia were given at different times. About the seventy-fifth hour after the last chill, a partial reaction was discovered, indicated by a slight rise in the pulse, and small, tarry dejections from the bowels. I then began to hope for a recovery, but that hope was as yet weak. At length the surface generally became warmer as the heart increased in force and volume, until the excitement was quite great and reaction fully established. Indeed, so great was the reaction, that the brain for the first time during his illness showed symptoms of disorder. The patient frequently complained of a singular sensation about his head, and an utter inability to sleep: frequently jumping and starting as though he had been suddenly aroused. During the whole period, up to this time, (near four days,) he had not slept. I ascribed the strange feelings of the patient, his jumping and starting when he closed his eyes, to the loss of sleep, the action of the quinine and the powerful reaction. Reaction being now fully established, the treatment was accordingly varied. Cold applications to the head, gentle aperients to keep the bowels in a soluble condition, and occasionally pill hydrarg. grs. v to keep up a stimulating effect upon the liver, constituted the sequel of the treatment in this case. The patient convalesced very rapidly and was soon well. In connection with this case, I would merely remark, that I have been for a long time impressed with the belief that Asiastic cholera and algid congestive fever depend upon one and the same cause, and should receive similar treatment. I make this suggestion in order to elicit an expression from the press upon the subject.

B.'s Rejoinder to McCaw.

As an illustration of the advantage of having medical schools governed by a body of men who know nothing about medicine, you adduce the instance of the university of Edinburgh. Now, I appeal to the profession, if that old seat of medical learning has not already lost its pre-eminence, and the rival schools of Paris are now justly regarded as having taken possession, by fair and honorable competition, of the high position which she once proudly occupied. She can no longer be justly styled the "queen of medicine."

Why has she fallen from her high estate? No doubt because she continues to be ruled by the absurdly incompetent board, composed of the town council, while the talents of France are brought out by the noble emulation of the *concours.*

Let any one with a grain of common sense, consider a system in which medical men present their credentials for professorships, before men selected for the purpose of attending to the markets and streets, and making laws to catch rogues, and reflect upon the intrigues by which the various candidates and their partizans will seek to influence such a board, and then stand before a French tribunal and witness the noble strife of talent and learning by the rival candidates before their peers, and he will never again be found the supporter of the monstrous absurdity of selecting men on account of their ignorance of medical science to choose teachers for the schools. A concour before such men reminds one of the classical joke of telling a tale to an ass, who sapiently wagged his ears in approbation. The doctor ought never to have alluded to the Edinburgh school, for another reason. She is the only school I believe in all christendom which is suffering the burning disgrace of having a quack in her corps of professors. It is a notorious fact, that the faculty have labored to expel Dr. Henderson, an avowed homœopath, from their halls, but without success—that wise body, the town hall of Edinburgh, deciding that it was important for the student to be instructed in the various systems of medicine, instead of being confined to the old dogmas of the schools. What a pity we could not have a medical school in Richmond, governed by the common council. There would be such a fine chance for Dr. *** the Thompsonian, Dr. *** the Homœopath, and Dr. ** the lecturer to females on their anatomy and diseases. As to the Doctor's puerile assault upon myself, I will simply reply, that if one other reader of the Stethoscope can be found of "such infinite jest, of most excellent fancy," as to find the meaning in my language which was *originally discovered* by him, I will undertake to explain my meaning, otherwise I might make myself ridiculous, and insult the understanding of others, by attempting an explanation of plain English.

B.

EDITORIAL AND MISCELLANEOUS.

To the Medical Public.

As will be seen by this issue, the STETHOSCOPE has been secured for the *Medical Society of Virginia*, and will be in future conducted by *a corps* of editors elected by that body. In saying adieu to the readers and patrons of the work, I am excusable for venturing to address them personally. The task is too difficult to be well discharged in a brief valedictory, and I cannot appropriate space which ought to contain more valuable matter, to convey a moiety even of what I wish to say on the occasion.

In accordance with a resolution adopted by the society at its late semi-annual meeting, instructing a committee to purchase or establish a journal to be the organ and property of the society, the STETHOSCOPE has been purchased and transferred to that body. In pursuance of the same order, the executive committee have fulfilled their duty and elected a *corps* of editors, which must give universal satisfaction to the society under whose guidance we feel sure the journal must be infinitely improved, and that it will be in an eminent degree successful in the great object for which it is published.

Faint-hearted men, and some others, have considered the scheme of the publication of a journal by the organized body of the Virginia profession to be an impracticable one. Some have predicted its failure, and there may be those who would, from vanity of opinion or something else, be happy to see their prediction verified. But the society has deemed it expedient to undertake to execute this scheme, and it remains to be seen whether the honest and worthy fellows of that body will not to a man take a proper interest in the journal. It is no longer the work of one man—it is no longer subject to the absolute tone of one mind—but it is now the common property and the mouthpiece of the profession of

medicine in Virginia. Let each one, then, give it his own "material aid." If he be more liberal than to give it merely his pittance of subscription, let him act as agent for *his own* work, and induce his neighbors to subscribe to it and to contribute their mite to its pages. He who would withhold the most cordial support to the work, is neither acting in good faith as a *fellow of the society*, nor is he of that class of the profession who are sincere in their efforts with the organization. It is known that with a small acquisition to the list of subscribers, (readily enough obtained by an effort,) the profits of this work will enable the Medical Society of Virginia, in five years, either to build a fine hall or to accumulate the finest medical library in the south. The bugbear put forth to the timid, that they will be called upon for *an extra assessment to sustain the journal*, is an unfair thrust at the prosperity and success of the great state organization, which no one has yet ventured to oppose. The state society is daily becoming more and more important and valuable to the people, as well as to the profession. It ought to be and it can be one of the ornaments to Virginia. By its regular monthly publication it will be extended, and in every respect built up. What source can furnish a better organ to the profession at large, to build a home literature, than this? Who is it so much better qualified to conduct a journal worthy of the state than six gentlemen elected annually? An answer ought only to be necessary for that class of men who predicted four years ago that a *medical monthly would fail in Virginia.* Let no answer be given to such men now.

Up to the year 1850, no individual had ever been found who would answer the call, of the physicians in conventions and in private, to undertake the responsibility and the risk of issuing a medical publication. In that year the state society determined to publish quarterly a bulletin of its transactions, together with other matter worthy of publication. When it was found that the "committee of publication" never reported, and that this project of *starting* a journal was not carried out, the *Stethoscope* was determined upon. In three

weeks twenty-eight subscribers were furnished with the first number, and the residue of a large edition (1,000 copies) was laid aside. By the liberality and capacity of the spirited publishers, the journal went on through its 1st volume. Its pages indicated that the material was in Virginia and her sister southern states to sustain a monthly; its subscription list afforded ample evidence at the end of the 2d volume that a journal could be handsomely supported here. Without ever having solicited any man to subscribe to it, and without giving it more than the attention necessary to get out the numbers, it was the good fortune of the subscriber to increase the circulation of the work, and to make it a source of profit. He now most sincerely returns to each one of his patrons his grateful acknowledgments for their cordial support, and he frankly confesses that he will always feel his indebtedness for their indulgence towards him. An unmerited success and an unenviable feeling of public obligation are some inducements for him to rejoice that the first medical journal ever printed in Virginia will pass into hands which will not only perpetuate it, but which will render it worthy of the state. To the medical press of the country, as well as to the newspapers of the state, he feels much indebted for kindness, courtesy and invaluable aid. He will always remember with pleasure his colaborers, and will take great interest in the destiny of the cotemporaries of the Stethoscope. Justice has been omitted to many of them, but it is hoped that in the editorial management of this journal no injustice has ever been committed towards any honest laborer in the medical world.

In conclusion, I beg to be excused for asking all the readers and subscribers who have so kindly supported this work while my property, to give it their most cordial support and to use every effort to make it what it is intended to be, viz: The organ of the united profession of Virginia, and a source of profit to the society of the state.

The tardiness of the present issue will be readily understood, and the poverty of the number will be excused when it is remembered that new arrangements had to be made and

negotiations had to be entered into before a page could be put in type.

All business connected with the journal *heretofore*, not yet settled, has been transferred to the society, and all future letters concerning the work will be addressed and referred to the new editors.

P. CL. GOOCH.

Salutatory.

The Stethscope has become the property and will henceforth be the organ of the Medical Society of Virginia, whose members, through its columns, will hold monthly communication with each other and with the profession at large, and by the agency of which, its editors hope not only to supply their readers with much valuable information, not to be obtained from other sources, but to be instrumental in advancing those great measures of reform which are demanded alike by the public interest and by the enlightened voice of the profession.

The work of editing the journal has been committed, for the present, to the subscribers, who will devote themselves to the duties thus assigned them, until the annual meeting of the society, in April next, when, if they shall not be continued in their position, they will be succeeded by other and more competent individuals to be chosen by the society.

In reference to our colaborers in the good cause in which we are engaged, we will say only, that we offer them "the right hand of fellowship." We recognize them as brethren and shall rejoice in their prosperity and usefulness. So far as this journal is concerned, it shall never, while under our direction, give occasion for any one to say, "see how these doctors disagree." We oppose no one, but desire the success of all; and we trust that we shall fall out with none of them by the way. It shall be our aim to co-operate in the most

friendly manner with all, who labor for the accomplishment of the common object of our efforts.

We submit our enterprise to the members of the medical profession, with the hope that it will find favor in their sight.

We will endeavor to make it acceptable and useful to all. To enable us to do so, we respectfully and earnestly ask, that they will furnish us with *full and accurate reports* of the most interesting cases, which shall come under their notice, together with the treatment and the result. In this way the experience of each will be made useful to all, and we shall be enabled to disseminate a vast amount of most valuable information in reference, especially, to the endemic diseases of the south and the remedies best adapted to their cure.

To the members of the Medical Society of Virginia, whose agents we are, we appeal in an especial manner and with full confidence, that they will not leave us to labor in their service, unaided by their contributions to the pages of *their own journal.* We look to you, brethren, not only for your approval of our humble efforts, but for your frequent and well digested communications.

If you will sustain us thus, we trust we may not be regarded as arrogant, if we shall promise to the patrons of the Stethoscope that we will supply them with a work, which they may read with pleasure and with profit.

We do not intend to labor for the benefit of our medical brethren of Virginia only; *nor is our invitation confined to them.*

We number many subscribers in several of our sister states, and *we look to them to aid us* in our efforts to promote the interests of the profession.

The undersigned will take charge of the Stethoscope on the first day of February. They throw themselves on the indulgence of their readers while they can have an opportunity to collect the material necessary to place the journal on a proper footing. They hope to meet the expectations of their friends in a very short time. In the mean while they request each patron to procure responsible names to their

subscription list, and to forward them with the "material aid" and their post office address, directed to "The Stethoscope, Richmond, Va."

THOS. P. ATKINSON, M. D.
R. W. HAXALL, M. D.
JAMES BOLTON, M. D.
RICHMOND A. LEWIS, M. D.
A. T. B. MERRITT, M. D.
J. G. CABELL, M. D.
Editors.

Notice to Subscribers.

All payments on acconnt of the Stethoscope are to be made, until further notice, to the publishers, Messrs. *Ritchies & Dunnavaut*, Richmond, Va., who will receipt for the same. Communications are to be addressed to "The Stethoscope, Richmond, Va."

JOURNAL COMMITTEE.

To Subscribers and Readers.

The responsibility for the contents of the present number rests chiefly on the late editor. The delay in its appearance was rendered necessary by the change of its proprietorship; and the fact that it comes out right on the heels of the February number, will be considered reasonable as an excuse for the poverty of it.

We believe that we are safe in promising to all of our old friends a better and more punctual journal; and we invoke not only the continued patronage of the subscribers, but their kind indulgence to the new editors until they get well into the traces. They cannot expect to progress without objection—

even *opposition*—from some sources; but it is a duty of every fellow of the society, of every friend of the medical interests advocated by the society and the journal, whether he be a fellow or not, to give his cordial support to this work now. The late editor will feel under deep obligation to all who have been kind enough to support him, if they will continue their patronage; and consequently the journal will be continued to those few who have requested a discontinuance because the editorship is changed; and if any desire its discontinuance then, they will please endorse it on the number and return it.

☞ It is requested that all *communications of a business character* be addressed to Messrs. RITCHIES & DUNNAVANT, publishers. Those *intended for publication*, to be addressed to '*The Stethoscope, Richmond, Va.*"

It is a source of much gratification to state that a large accession to the list of subscribers has been made already. The circulation of the STETHOSCOPE is now one of the largest in the United States, but it is costly; and as the net proceeds of it will go towards building up a grand library in the institution of the Medical Society of Virginia, it is expected that the public medical spirit will double its list in a few months. Contributors as well as subscribers may rest assured that its continuance is certain, and that it will be the *old journal* and the organ of the profession of the state.

P. C. G.

Medico-Chirurgical Society of Richmond City—Second December Meeting.

Dr. JNO. A. CUNNINGHAM, *President, in the Chair.*

This society met on the 20th instant.

Present—Drs. Snead, Gooch, Bolton, Lewis, Hill, Otis, Pollard, Gibson, Roddey, G. A. Wilson, G. Cabell, Mills, R. G. Cabell, Conway, Thomas Johnson and F. Marx.

On motion, the regular subject for discussion was passed over, the essayist being absent.

The committees were called, but not being ready to report, Voluntary Contributions were called for.

Dr. Gibson narrated a case of epilepsy, which presented symptoms of pure hysteria.

He detailed the symptoms and treatment of the case, and its points rendered a scope for a very interesting conversational discussion, in which many gentlemen took part, and it lasted till a late hour. The circumstances of the case render it improper that its details be published.

Reviews and Bibliographical Notices.

"*Proceedings of the American Pharmaceutical Association, at the Annual Meeting held in Boston, August* 1853."

This is a neat little pamphlet of 48 pages, published under the superintendence of the executive committee.

We regard the action of this association as one of the most important reformatory movements that has yet been made in which the medical profession is interested: and we hope this expression of our opinion will sufficiently explain why we surrender so much space to the abstract of the "Proceedings" of the late meeting.

The report of the executive committee, written by its able chairman, Professor Proctor, is a valuable paper containing a number of important practical suggestions, from which we extract the following:

3d. It is suggested that the subject of pharmaceutical education be entrusted to a special committee at the commencement of the session, that they may have time to prepare an address to the pharmaceutists of the whole country, which shall enter into the practical difficulties which oppose the attainment of pharmaceutic knowledge by assistants and apprentices, point them out, and encourage the brethren to extend reasonable aid to those in their service, both by personal interest, and by providing books and the opportunity to use them; and also shall recommend attention to the proper preparatory education and mental fitness of apprentices for the responsible offices involved in their duties.

* * * * * * * * * *

5th. It is recommended that the association shall earnestly advocate the *extensive issue* of a cheap and accurate edition of the United States Pharmacopœia; say at the price of seventy-five cents or one dollar. Of the large number of persons who, in this country, lay claim to the names of apothecaries and physicians, a great proportion have never seen the Pharmacopœia as a separate and distinct work, a fact easily understood, when it is stated that but 1500 copies are published in ten years! In many localities the United States Dispensatory is considered to be the Pharmacopœia. Physicians are constantly prescribing medicines under unofficinal names, and apothecaries making officinal preparations by foreign formulæ, because in the Dispensatory the receipes are all commingled in such a manner as to lead to confusion. This would be prevented, and a greater uniformity of practice created, by making the Pharmacopœia, with its clearly defined recipes, the guide at the counter, and in the laboratory, for the officinal preparations.

6th. We believe that the action of the association should not be limited to the practical, the ethical, and the educational interests of the profession—should not stop within the limits of self-improvement. American pharmaceutists owe a large debt to their brethren in Europe for a constant influx of knowledge, the result of their past and present investigations in pharmacy and its accessory sciences; and the time has fully arrived, when, as Americans, they should feel bound to render a larger return than individual efforts have heretofore accomplished. The pharmaceutical societies of Europe offer annually prizes for the determination of questions deeply interwoven with the practice or science of pharmacy, and thus elicit valuable accessions to existing knowledge. We believe that the association is now competent to adopt a course of this kind, as an incitement to dormant ability, and to awaken laudable ambition. At first, if the idea is adopted, the prizes should be limited in value, except as symbolic of reward for honorable and successful enterprise.

To make the proposition clearer, a few questions appropriate for such objects will be instanced.

a It is conceded that digitalis of American growth is less active and efficient as an arterial sedative and diuretic than that of English origin. Is this deterioration due to the less abundant formation of *digitalin;* to its modification; or to any other definable cause?

b What are the impediments, if any exist, to the free cultivation of colchicum autumnale in the United States, so as to preserve its power unimpaired; and is it true that the recent cormus is more active than the same carefully dried; and if so, why?

c Do hyoscyamus and belladonna, grown in the United States, contain the active principles in the same proportions as the European plants?

d Spigelia is admitted to possess positive anthelmintic power. Does this power reside in a distinct, well defined principle, capable itself of producing the effects of spigelia; if so, isolate and describe it?

e The best essay on extemporaneous pharmacy which shall treat of the incompatible combinations most usually prescribed, the best manner of avoiding them, and the most efficient methods of proceeding in effecting the union of substances that are physically incompatible, as emulsions, certain liniments, certain pill ingredients, &c.

f For the best essay on the identification of volatile oils when mixed, their preservation, and the actual effects of light and air on them, under the ordinary circumstances that they are kept in the shop, so as to decide the question whether all of them, or only a part, should be kept in the dark, to prevent change?

g For an essay which shall develop the commercial history of all drugs indigenous to the United States, as senega, spigelia, serpentaria, &c., as regards the manner and places of their collection for the supply of commerce, the annual amount collected, and the channels through which they enter general commerce.

h For the best essay on the construction and material of pharmaceutical apparatus, including that for evaporation, distillation and solution, more especially as regards economy, convenience and effectiveness, with a view to the ordinary wants of a thorough pharmaceutist.

Such are a few of the questions which might be offered. The nature and value of the prizes, and the local or general invitation to the competition, will require mature consideration, should the idea be adopted.

7th. An efficient committee might be appointed to enquire into the nature, extent and locality of *home adulterations*, and propose a remedy.

And lastly, Whether it would be advisable to appoint a committee to consider the subject of state and municipal laws in relation to controlling the trade in drugs and medicines, and

whether such laws would be likely to prove salutary, without oppressing the well disposed druggist and pharmaceutist.

The same committee prepared a statement of the "state of pharmacy" (so far as they were able to gain the necessary information) in the southern and some of the western states, from which we extract the following remarks, and call the special attention of all "*regular graduated physicians* to the same, viz:

"Quackery is greatly encouraged in Virginia," yet mostly by the ignorant classes. Secret medicines have become more popular in some districts by the extensive use made of them by "regular graduated physicians," who prescribe various "vermifuges," "pectorals," "expectorants," "alteratives," &c., which is so good an argument with the patient, that he next time tries the *nostrum* without the doctor. There appears to be an increase in the variety rather than the amount of sales of quack medicines, and those for external use are more in demand than others. Country stores generally keep an assortment.

Another report, also written by Prof. Proctor, from the committee to whom was referred the subject of the indiscriminate sale of poisons, as now conducted by apothecaries, druggists and others, as regards the practicability of effecting some useful reform in the present state of the traffic, is a very valuable document, from which, however, we have room for only the concluding remarks and suggestions, as follows:

We believe that by far the larger portion of apothecaries and retail druggists are careful in labeling this poison, and observe some discrimination in its sale. As a class, they are better fitted by their knowledge and judgment to guard against maluses than general dealers. We are therefore prepared to recommend to the association that the state legislatures, who have not enacted laws on this subject, be petitioned to pass laws in their several jurisdictions, confining the sale of arsenic, corrosive sublimate, opium, strychnia and other poisons popularly known as such, for destroying life, to druggists, apothecaries and physicians, who shall keep an accurate record of such sales. That such sales shall not be made to minors or servants, unless properly authorized by a responsible person; that all packages or bottles shall be distinctly labeled with the name of the poison, and the word "poison!" or a death's head symbol, conspicuously printed; and that any sale of poisons followed by accident, in which these precautions shall not have been observed, be considered a misdemeanor, punishable by legal process.

And to further recommend that the druggists and apothecaries of the United States do voluntarily adopt a system of precautions in the sale of poisons, both for their own sake and that of the community, in view of the probable nonaction of the legislative bodies.

They believe that the community can be needfully supplied even in the rural districts from their physician, who necessarily keeps medicines, or from the apothecary in the nearest town, and a check would thus be given to the facility of obtaining poisons, by the consequences of neglecting the legal precautions.

An elaborate report, written by Alfred B. Taylor, Esq., chairman of a committee appointed in 1852, to consider "the whole subject of the inspection of drugs, with reference to fixing standards for imported drugs," was read, and referred to a special committee, to report in full next year.

The subjects referred to special committees, to report at the next meeting, were the following:

1st. To collect and arrange the statistics of pharmacy in the United States, as suggested in executive committee's report, (page 6.)

2d. To prepare an address to pharmaceutists of the United States on the subject of pharmaceutical education, as suggested in the executive committee's report, (page 6.)

3d. To report on the suggestion in relation to appropriate subjects for prize essays.

4th. To consider and report on the subject of home adulterations.

5th. To enquire into the expediency of obtaining a form of certificate of membership for the use of the association, with such insignia and device, or otherwise, as shall, in their opinion, be suitable.

6th. The report of the committee on quack medicines was referred to the committee on pharmaceutical education, (No. 2,) as above.

7th. To consider that part of the report of the committee on the inspection of drugs relating to the fixing of standards of quality for those drugs capable of it, together with the appropriate tests for detecting adulterations when practicable. This committee were authorized to invite the co-operation of the several colleges of pharmacy.

8th. The same committee were also directed to report on the late circular of instructions from the treasury department, such amendments as they may deem necessary.

9th. The committee on pharmaceutical education, (No. 2,) as above, were instructed to report on the expediency of en-

deavoring to obtain such congressional action as would compel all special examiners of drugs and medicines to be either graduates of pharmacy, or to receive certificates of qualification for such office from some college of pharmacy recognized by this association.

Among the more important resolutions adopted during the session of the association were the following, viz:

Resolved, that in the opinion of this association, the cause of pharmaceutical progress will be greatly advanced by the publication of a large, cheap and correct edition of the United States Pharmacopœia, in duodecimo form, as it will enable every apothecary and physician to possess a copy of that code, and thus familiarize the classes of persons for whose government it was created, with its real nature, extent and requirements.

Resolved, that the committee of revision and publication of the United States pharmacopœial convention of 1850, be earnestly requested to authorize the issue of such an edition of that work.

Resolved, that the American pharmaceutical association believe that the use and sale of secret or quack medicines is wrong in principle, and is in practice attended with injurious effects to both the profession and the public at large, and believe it to be the duty of every conscientious druggist to discourage their use.

Resolved, that this association earnestly recommend to our pharmaceutical brethren to discourage by every honorable means the use of these nostrums; to refrain from recommending them to their customers; not to use any means of bringing them into public notice; not to manufacture or to have manufactured any medicine the composition of which is not made public; and to use every opportunity of exposing the evils attending their use, and the false means which are employed to induce their consumption.

Resolved, that this association, in view of the loose manner in which the sale of arsenic is conducted in this country, earnestly recommend to the pharmaceutical bodies, where these exist, and to druggists and pharmaceutists in general in other places, that the several legislatures in those states where no law on the subject exists, be petitioned to pass laws confining the sale of this poison to apothecaries, druggists and physicians, or to such other persons as shall be specially licensed by law, who shall be required to keep a record of such sales. That such sales shall not be made to minors or servants, unless they be properly authorized by a written order from a responsible person. That all packages or bottles shall

be distinctly labeled with the name of the poison, and the word poison prominently marked on it; and finally, that any sale of arsenic followed by accident, in which these precautions have been neglected, be considered a misdemeanor, punishable by legal process.

Resolved, that the executive committee be requested to publish and circulate a circular address to druggists and apothecaries, announcing the time of our next meeting, the objects of the association, terms of membership, and such other information as they deem requisite to insure a full attendance upon its sittings.

Resolved, that this association have heard with unfeigned regret of the death of Jonathan Pereira, M. D., of London; and, as one of the most distinguished and able pharmacologists of his age, we esteem his death a serious loss to the cause of pharmaceutical and medical science.

Resolved, that our committee on pharmaceutical education be requested to report at our next annual meeting on the expediency of endeavoring to obtain such congressional action as would compel all special examiners of drugs and medicines to be either graduates of pharmacy, or to receive a certificate of qualification for such office from some college of pharmacy recognized as such by this association.

A letter received through George D. Coggeshall from John Meakim of New York, on the subject of local formulæ, was read; and on motion **** the following resolution in relation thereto was adopted.

Resolved, that the letter of Mr. Meakim, in reference to securing uniformity in the preparation of unofficinal compounds, be referred to the executive committee, with instructions to request the forwarding to them of such local formulæ as pharmaceutists may wish to communicate.

The association will meet again at Cincinnati, July 27th, 1854, and we sincerely hope it may in time accomplish all the good its founders wished; and, judging by the zeal and activity they have already shown, we cannot doubt its future prosperity and usefulness, not only to pharmaceutists, but also to the medical profession and the whole community.

To the Medical Men of Virginia.

The Medical Society of Virginia having made ample preparation for the permanent establishment in the city of Richmond of a library, pathological museum and herbarium, the subscriber, as librarian and curator, respectfully solicits contributions to the library, museum and herbarium, from members of the society, the profession and others favorably disposed towards scientific pursuits in the state. Copies of medical and other scientific works from authors and publishers elsewhere will be duly acknowledged and thankfully received.

Articles so destined can be sent to the office of the undersigned, S. E. corner of Marshall and 7th streets, or left at the hall of the society on 12th street, between Main and Cary streets, over Alexander Duval's drug store.

PETERFIELD TRENT, M. D.

Feb. 1, 1854.

Circular.

The seventh annual meeting of the American Medical Association will be held in the city of St. Louis on Tuesday, May 2, 1854.

The secretaries of all societies, and all other bodies entitled to representation in the association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed; and it is earnestly desired by the committee of arrangements that the appointments be made at as early a period as possible.

The following are extracts from art. 2 of the constitution:

Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"Delegates representing the medical staffs of the United States army and navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the constitution at the last annual meeting of the association held in New York in May 1853.

E. S. LEMOINE,
One of the Secretaries, St. Louis.

The medical press of the United States is respectfully requested to copy the foregoing.

Meteorological Tables for Richmond, Virginia---By D. Turner, Principal of Classical School.

Hours of Observation, 6 *A. M.*, 2 *P. M.*, 10 *P. M.*

Month.	Year.	BAROMETER, (172 feet above low tide.) Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Day of maximum.	Minimum.	Day of min.	Range.	FORCE OF VAPOR. MILLIMETRES. Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Minimum.	RELATIVE HUMIDITY. SATURATION—100. Mean.	6 A. M.	2 P. M.	10 P. M.	Minimum.	Saturations.	Fogs.	Lun. halos.	Sol. halos.	Aurora borealis.	Day of first frost.
November,	1850,	29.973	29.980	29.956	29.982	30.221	6	29.513	12	.708	–	–	–	–	–	–	–	–	–	–	–	–	4	0	0	0	
" "	1851,	29.891	29.904	29.863	29.906	30.541	12	29.297	15	1.244	–	–	–	–	–	–	–	–	–	–	–	–	2	0	0	0	
" "	1852,	29.859	29.866	29.829	29.882	30.329	30	29.261	26	1.068	6.3	6.1	6.4	6.4	14.4	2.5	77	88	59	83	33	9	3	1	0	0	
" "	1853,	30.090	30.106	30.056	30.101	30.451	7	29.469	13	.982	7.9	7.5	8.5	7.7	14.5	3.6	78	90	60	84	35	9	9	1	0	0	
	Mean,	29.953	29.964	29.926	29.968	30.385	–	29.385	–	1.000	7.1	6.8	7.5	7.0	14.5	3.1	78	89	60	83	34	9	4	½	0	0	

Month.	Year.	THERMOMETER. Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Day of maximum.	Minimum.	Day of minimum.	Range.	At 32° or below.	Temp. of James river.	Temp. of hyd. water.	WINDS. OBSERVATIONS. N.	NE.	E.	SE.	S.	SW.	W.	NW.	No wind.	Strong winds.	High winds.	Gales.	CLOUDINESS. From 0 to 10. Mean.	6 A. M.	2 P. M.	10 P. M.	WEATHER. Clear days.	Cloudy days.	Variable.	Rainy days.	Th. showers.	Inches of rain and melted snow.	Inches of snow.
November,	1850,	53.4	46.6	61.6	52.2	78	6	32	22	46	2	–	–	9	9	2	3	13	9	13	10	22	1	0	0	4.3	3.9	4.6	4.5	6	4	20	10	0	2.850	0.00
" "	1851,	47.3	42.0	54.5	45.6	73	2	29	7	44	8	–	–	5	16	1	2	18	24	4	13	7	0	0	0	5.4	5.6	5.8	4.9	3	7	20	12	1	1.990	0.01
" "	1852,	45.6	40.5	53.0	43.3	77	5	24	16	53	7	–	–	5	9	2	10	8	17	11	20	8	1	0	1	4.5	4.8	4.5	4.1	3	7	20	9	0	5.285	0.00
" "	1853,	51.1	44.3	60.6	48.4	73	21	26	25	47	3	–	–	10	7	3	9	10	12	5	23	11	2	0	0	3.8	4.7	3.4	3.2	11	3	16	2	0	1.452	0.00
	Mean,	49.3	43.4	57.4	47.4	75	–	28	–	47	4	–	–	7	10	2	6	12	16	8	17	12	1	0	0	4.5	4.7	4.6	4.2	6	5	19	8	–	2.894	

November 1853.

The rain on the 9th, .71 inch, began at 8½ A. M. and ended at 3 P. M. It was a Southern rain, beginning and continuing from the S. until 3 P. M., when the wind changed to the NW. The wind was quite strong at times.

Barometer fell to 29.548 at 3 P. M., when it began to rise rapidly and was at 30.115 the next morning; the equilibrium being restored by wind from the NW.

Thermometer—6 A. M., 60°; 2 P. M., 58°; 10 P. M., 44°.

This was a snow storm in Philadelphia and New York.

The rain of the 13th, .74 inch, began about 3 A. M. and ended 2½ P. M. It rained slightly from the S. until 9½, when the wind changed to the SW., W. and NW. The principal rain fell from the NW. The barometer descended to 29.469, at 2 P. M., after which it continued to rise slowly.

Thermometer—6 A. M., 57°; 2 P. M., 57°; 10 P. M. 50°.

This was a very destructive rain storm in New Jersey, Yew York, and especially in the valley of Naugatuck in Conn., where bridges and houses were swept away and a number of lives were lost.

The Doctor's Lot.

The following beautiful extract is taken from an address of Professor Carnochan of New York:

If we examine the life of the practicing physician, we find it gilded and shining on the surface; but beneath the spangles, how much pain and hardship! The practicing physician is one of the martyrs of modern society; he drinks the cup of bitterness, and empties it to the dregs. He is under the weight of an immense responsibility, and his reward is but too often injustice and ingratitude. His trials begin at the very gates of his career. He spends his youthful years in the exhausting investigation of anatomy; he breathes the air of putrefaction, and is daily exposed to all the perils of contagion. View him in the practice of his difficult art, which he has acquired at the risk of his life! He saves or cures his patient; it is the result of chance, or else it is alleged that it is nature, and nature alone, that cures disease, and that the physician is only useful for form sake. Then, consider the mortifications he has to undergo, when he sees unblushing ignorance win the success which is denied to his learning and talents, and you will acknowledge that the trials of the physician are not surpassed in any other business of life. There is another evil the honorable physician has to contend with—a hideous and devouring evil, commenced by the world, sustained by the world, and seemingly forevermore destined to be an infliction upon humanity. This evil is quackery, which takes advantage of that deplorable instinct which actually seeks falsehood, and prefers it to truth. How often do we see the shameless and ignorant speculator arrest the public attention, and

attain fortune, while neglect, obscurity and poverty are the portion of the modest practitioner, who has embraced the profession of medicine with conscientiousness, and cultivates it with dignity and honor.

Case of Hemorrhoidal Affection of Seventeen Years' Duration, successfully treated.

BY JOHN McCALL, M. D., UTICA, N. Y.

Hon. G. S., aged 56, of nervo-sanguine temperament, abstemious and regular habits, consulted me on the 20th of June in relation to an old and painful disease of the rectum. On examination I found six large hemorrhoidal swellings, of a dark purplish hue, filling the extremity of the gut, and attended with great pain and difficulty, not only in the passage of the stools, but also in the return thereafter of these tumors within the anus.

The patient stated that he had been operated upon seventeen years ago in Albany, for the removal of piles; and that he was placed on the floor for that purpose, and only the larger and more troublesome swellings were tied and allowed to slough off.

During the last few years he has suffered much pain, not only in having a passage of the bowels, but also from six to twelve hours thereafter. His disease was called neuralgia by a homœopathic physician whom he consulted, and not till he obtained my opinion and advice in the case did he ever think of submitting to a surgical operation.

Neuralgia, it is believed, has been a convenient receptacle into which obscure cases and ailments, not always understood, could be thrown aside, or out of the way of close investigation. The result of this operation shows how much credit was due to the opinion given in the case, as to its neuralgic origin or character. Surgical operations and post-mortem examinations serve a valuable purpose, both to the community and the profession, in dissipating mistakes and labored speculations. Untiring examination, and taking nothing on trust, not even truth till thoroughly investigated, should alone fully satisfy the medical enquirer.

The patient's rectum having been cleared of fœces by an enema of water, and the tumors thereby forced out, he was placed on the edge of the bed with his back to the window, his feet resting against a box placed in contact with the washboard of the room; and in this position the tumors were

seized, drawn down, ligated and cut. The large and fragile state of four of them made it necessary to pass needles, armed with double ligatures, through them transversely, to obviate the danger from bleeding, and also hasten the process of sloughing.

The tumors were cut off near the ligatures, and these closely to the knots, and the protruding parts returned within the anus. Ice was applied to the part, an anodyne draught administered, and the patient placed on the bed. He was somewhat exhausted from the heat of the day and the severity of the operation, rather than from the loss of blood, the amount of which was but little. My friend and assistant, Dr. Wolcott, with his accustomed skill and kindness, rendered me great aid in the performance of the operation.

Mr. S. had been a good deal unwell for several days with influenza before consulting me, and at the time of the operation his tongue was furred and his cough troublesome.

We remained with him nearly two days and all one night. The following diary, dictated by my patient, accompanied by a letter expressing great joy at his cure, exhibits very satisfactorily the subsequent progress of the case:

June 22—Operation between 11 and 12 o'clock A. M. Severe pain all the afternoon and all night. No sleep.

23—Pain somewhat diminished, but still severe through the day and night. Had a few minutes of opium-sleep in the morning.

24—Pain considerably diminished, but still pretty severe all day and all night; no sleep, except now and then a few minutes of opium-sleep.

25—Still incessant pain in the rectum, day and night; a couple of hours' sleep in the morning.

26—Incessant pain in the retum, day and night, greatly aggravated by taking warm sitz baths; from two to three hours' sleep in the morning. The sympathy of the urethra with the rectum has rendered urination quite painful, from the time of the operation to the present. My protracted torments in the rectum remind me of Dr. Wesselhoeft's opinion that my rectum is the seat of neuralgic pains.

I have eaten no meat nor vegetables. All I have eaten since the operation until this 27th June, 2 P. M., is four slices of cream toast, a pint of tapioca, and nearly a quart of strawberries. I have drunk about a pint of good rich milk. I have had no fever, no thirst, no hunger, and no desire for a stool. I began to void wind on Friday night; since then I have voided a great deal, and the odor is extremely offensive.

27—In the forenoon considerable and incessant pain. The pain almost entirely ceased at 2½ P. M. I continued free

from pain until near morning. No sleep; exceedingly wakeful all night.

28—Made two ineffectual attempts at a movement of the bowels, with about an hour's interval. More than a quart of water injected at each time. The thorough washing and cooling of the rectum afforded much relief. Began at 3 P. M. to sit up. At 5 P. M. returned to my ordinary food—meat, potatoes, &c., though quite sparingly. Had a little pain all night in the rectum, though I slept considerably.

29—At breakfast with the family, having sat up and walked about for a couple of hours before. Made another ineffectual attempt at a movement of the bowels. Had very little pain, and so little in the night as to be able to sleep a great deal.

30—Made between morning and bed time three ineffectual attempts to have a passage; one of them brought away a great deal of clotted blood.

July 1—All my injections before were pure cold water. This morning I tried a mixture of warm water, milk and molasses. It was perfectly successful. It gave me no pain, the parts being healed. A slight pain set in a couple of hours afterwards, lasting, however, only an hour or two. It is worthy of remark, that there was no turning out when I had the passage. I rode out this morning and felt very comfortable. The difficulty with the urine has ceased.

N. Y. Jour. Med.

Opium and Alcohol---Their comparative Effects on the System, described by one who experienced them in his own Case.

COMMUNICATED BY A PATIENT TO THE EDITOR.

[The writer of the following article, who describes so graphically the effects of both opium and alcohol in his own case, was received into the New York hospital in 1849, suffering from a slight attack of dysentery. It was soon noticed that unusual symptoms complicated his case. On enquiry, he was found to be an opium eater; and after his recovery, and during the period when he was allowed to remain in the house to enable him to recover, somewhat at least, from the pernicious effects of the habit which he had contracted, he furnished the editor, (then on duty there,) by his request, with a history of his case, which is thought of sufficient interest to entitle it to publication. It has been somewhat abridged; but the language is, with but trifling exceptions, that of the writer himself.—*Editor N. Y. Medical Times.*]

The difference between opium and alcohol in their effects on body and mind, is (judging from my own experience) very great. Alcohol, pushed to a certain extent, overthrows the balance of the faculties, and brings out some one or more into

undue prominence and activity; and (sad indeed) *these* are most commonly our *inferior*, and perhaps *lowest* faculties. A man who, *sober*, is a demigod, is, when drunk, below even a beast. With opium (*me judice*) it is the reverse. Opium takes a man's mind *where it finds it*, and lifts it *en masse* on to a far higher platform of existence, the faculties all retaining their former relative positions—that is, taking the mind as it is, it intensifies and exalts all its capacities of thought and susceptibilities of emotion; not even this, however, extravagant as it may sound, conveys the whole truth. Opium weakens or utterly paralyzes the lower propensities, while it invigorates and elevates the superior faculties, both intellectual and affectional. The opium eater is without sexual appetite; anger, envy, malice, and the entire hell-brood claiming kin to these, seem dead within him, or at least asleep; while gentleness, kindness, benevolence, together with a sort of sentimental religionism, constitute his habitual frame of mind. If a man has a poetical gift, opium almost irresistibly stirs it into utterance. If his vocation be to write, it matters not how profound, how difficult, how knotty the theme to be handled, opium imparts a *before unknown* power of dealing with such a theme; and after completing his task, a man reads his own composition with utter amazement at its depth, its grasp, its beauty, and force of expression, and wonders *whence came* the thoughts that stand on the page before him. If called to speak in public, opium gives him a copiousness of thought, a fluency of utterance, a fruitfulness of illustration, and a penetrating, thrilling eloquence, which often astounds and overmasters himself not less than it kindles, melts, and sways the audience he addresses. I might dilate largely on this topic, but space and strength are alike lacking.

Let no one, however, fancy from these remarks that the opium eater is *blessed*. There is another side of the picture, dark, gloomy, and fraught with doom, to which I will allude bye and bye.

How became I an opium eater? A lengthened train of causes (as I judge) led to this result. I can but just touch on a few of them.

Exhausted nervous energy was the *fountain head*. But whence this exhaustion?

1st. The accursed habit of nervous abuse, which *little* innocent school boys are taught by their depraved elders in school, and which, with no thought of its physical and moral harmfulness, is usually continued till unfolding reason and conscience open the victim's eyes to the real nature of his habit. It is usually, however, long enough protracted to have wrought no slight degree of nervous exhaustion.

2d. Tobacco chewing. In my sophomore year at Cambridge, (being then sixteen years old,) a pipe smoking grandam gave me a piece of tobacco to put in my mouth for a raging toothache. It quelled the pain, and from that moment I chewed nine or ten years without cessation. I chewed, too, immoderately, and spat incessantly, throwing out saliva in quantities perfectly suicidal.

Close application to study, with neglect of the rules of health, during my collegiate life, and during three subsequent years while pursuing my studies at a theological school, where I pursued the same tobacco chewing, unexercising life as at college, and still later, when settled as a clergyman, brought on a severe attack of dyspepsia, attended with great languor of body and depression of mind, especially during the warm weather.

In consequence of these feelings, I occasionally took a glass of wine, or brandy and water, to supply the lacking *physical* basis for mental action. Thus passed three and a half years; and by this time some portion of alcoholic stimulus had become almost a daily necessity, in order that the mind might execute its appointed tasks. If I omitted such stimulation, not only did I suffer languor and pain of body, but my thinking powers were inert and impotent. But I found, after a time, that alcohol was perilous to me, since I could not always calculate on its effects, so as to avoid being partially mastered by it. I abandoned alcohol, and substituted laudanum in its place. I cannot recall the precise quantity I at first used, though I think it was some twenty drops, taken two or three times a day, or often enough to keep up the same level of sensation. The first feeling on swallowing the laudanum was a compound of pleasure and pain. The *pleasure* consisted in an agreeable warmth pervading the system, and a pleasant, gentle thrill passing along the nerves. The *pain* was a sort of *constriction*, or corrugation, by which the stomach seemed to be *drawn together* or *strongly compressed*, while a similar sensation ran along the nervous threads. However, both these species of sensation were of brief duration, and then there remained only a painless, comfortable state of body, together with a clear, calm mood of mind, especially apt for all required mental tasks. When a propensity to gape and a sensation of languor indicated the *expenditure* of the stimulus, the dose was renewed; and so the days went by. After a considerable time, I substituted the opium pill for the laudanum. I think the pill, while producing all the *desirable* effects of the laudanum, produced less of the *pinching*, *unpleasant* sensation above mentioned, than did the lau-

danum. In other respects, there is little difference in their actions. I cannot tell precisely how long I was in reaching half an ounce per week, but that point I did finally attain. And at that point I for the most part remained during the three years I used opium in this vicinity. But I became greatly disordered in body not *merely* through the opium, but also through the baneful habits connected therewith. I took no exercise; I sat at my books and papers, day after day, from breakfast time till twelve and two o'clock at night, in a hot study filled with smoke from a cigar kept perpetually alight. I took a *hot bath once a fortnight*, instead of a *cold* bath *every morning*; in a word, *all* my habits (as I have since learned to understand) were the worst in the world for corporeal health. I suffered martyrdom from *costiveness*, often going a week, or nearly that without a passage. Sometimes, too, I got into a physical state which opium *would not* stimulate, and then I was compelled to employ alcohol. But alcohol acting on opium drugged nerves, is exceedingly apt to produce maniacal intoxication.

After some ineffectual attempts, I determined to achieve freedom, were it possible, be the consequences what they might. I cast everything aside, and laid down upon my rack. And a rack it indeed was! For ten days and nights I had not, to my knowledge, one instant of sleep or suspended consciousness. I was, for several days, half delirious; the blood in my veins felt like boiling water, and it rushed to my head in torrents, which seemed, every moment, as if they *must* burst asunder its bony enclosure. In a word, I believe that I was in a raging brain fever. In four weeks I was out, but I was shattered to pieces; and for a whole year I was feeble as a child, and one walking repository of aches and distressing sensations. At the close of that year, I relinquished my profession, went to a brother's in the country in search of health, and at first, simply for occupation, commenced in his office the study of law. For some time I remained weak, and to complete the case, was finally attacked with neuralgia in the face and head. After bearing this as long as seemed possible, I consulted two physicians, and both ordered me *morphine* and quinine. Need I state the result? I was again brought under the power of opium, and the *habit* became fixed firmly as ever! For two years, while remaining there, I made no strenuous attempt to get free again; but using morphine regularly, and feeling well, I gave myself laboriously up to my legal studies. At the end of that period, I came to New York, and went voluntarily into Bloomingdale Asylum for thirteen weeks, for the purpose of

gaining my freedom. They were awful weeks; for, although, *per force*, I used no opium during such intervals, and so, *after a sort*, was rescued from the habit, yet I suffered inexpressibly from all kinds of ailments while there, and on leaving was extremely debilitated, and never for an instant free from pains and uneasiness.

I then completed my law studies, and opened a law office, at the same time assuming the editorship of a newspaper of extensive circulation, being put up for congress, &c., &c., &c. During these thirteen or fourteen months, I was almost entirely a stranger to opium; but I never felt well, free from pain, vigorous with my pristine strength, for one remembered day. It was but with a *portion* of my original self that I went through these *preparatory* processes. But when, through a series of events, in which I was rather passive than active, I found myself with the responsibilities of lawyer, justice, editor and congressional candidate, lying upon me all at once, at the same time that from being a husband and the father of three fair and noble boys, I was, by a sudden stroke, left a *solitary*, *homeless* being, my debilitated frame and unstrung nerves gave way, and I felt that, *as I was*, I *could not* sustain the burdens pressing upon me. I resumed morphine again; and by its upholding and calming power, I managed to fulfill my multifarious tasks; all of them passably, and some of them with no small measure of success. So passed about two years, in the latter portion of which time I had reached a quarter-ounce bottle of sulphate of morphine per week.

I was then living with friends who were hydropathists and vegetable livers, and was influenced by them to leave off the use of tobacco, opium, tea, coffee and meat all at once, and to submit to the routine of cold-water drenching. At the end of twenty-seven days, I got abroad, freed from opium, exempt from pain, but yet with the debilitated feeling of an invalid rising from a long and prostrating malady, and needing rest, good nursing and a generous diet (and *only* these) to regain my full original strength; but these I could not command.

The time came at last when I *must* work, be the consequences what they would, and work, too, with my *brain*, my only implement; and that time found my brain *impotent* from a yet uninvigorated nervous system. If I *would work*, I *must stimulate*, and morphine, bad as it was, was better and safer than alcohol. I took morphine once more, and lectured on literary topics for some months with triumphant success. While so lecturing in a country town, I was solicited to take a parish in the neighborhood. I did so, and there continued

two years and a quarter, performing in that time as much literary labor as ever in three times the interval in any prior period of my life. In short, I had three happy, intellectually vigorous, outpouring years, with bodily health uniformly sound and complete, with the exceptions hereafter to be mentioned. And yet, through those years, I never used less than a quarter of an ounce of morphine per week, and sometimes more. I attribute my retaining so much health, in spite of the morphine, to the rigorous salubrity of my habits, bodily and mentally, in *other respects.* Once, and often twice a day, the year round, I laved the whole person in cold water with soap; I slept with open window the year through, excepting *stormy* winter nights; I lay upon a hard bed, guiltless of feathers; I used a simple diet; and finally, I cherished all *gentle* and *kindly*, while rigidly excluding from my mind all bitter and perturbing feelings. But, not to dilate further on mere *narrative*, let me say that I have continued to use opium, for the most part *habitually*, from my last assumption of it, up to the period of my admission into this hospital. A year since, however, I dropped morphine, and have since used the opium pill in its stead; sometimes taking an ounce per week, but generally not overpassing a half ounce per week.

And here I may make the general remark, proved true from my own experience, that for all the *desirable* effects sought from this species of stimulus, a half ounce of gum opium is about the same as an ounce or any larger quantity of said gum, and nearly the same as a quarter ounce of morphine, or more—that is, half an ounce of opium stimulates and braces *me*, at least *nearly* if not entirely, as much as I *can* be stimulated and braced by this drug. All that is taken over this, tends rather to clog, to stupify, to nauseate, than to stimulate.

Another point, in my own experience is, that in a few weeks only after commencing, or re-commencing the use of opium, I always reached the full amount, which, as a *habit*, I *ever* used, that is, either a half ounce of opium or a quarter ounce of morphine; I never went on increasing the dose in order to get the required amount of stimulation, but at one or the other of those two points I would remain for years successively. A third remark I would make is, that it is only for the first few weeks after commencing the use of opium, that one feels *palpably* and *distinctly* the thrilling of the nerves, the sensation of being stimulated and raised above the *previously existing* physical tone, for which the drug was first taken. All the effects produced *after that* by the opium, are to keep the body *at that level* of sensation in which one feels *positively alive* and *capable* to *act*, without being impeded or weighed down by

physical languor and impotence. Such languor and impotence one feels from abstaining merely a few hours beyond the wonted time of taking the dose. It is not *pleasure*, then, that drives onward the confirmed opium-eater, but a *necessity* scarce less resistible than that fate to which the pagan mythology subjected gods not less than men.

Let me now, before closing, attempt briefly to describe the effects of opium upon the body and mind of the user, as also the principal sensations accompanying the breaking of the habit.

The opium-eater is prevailingly *disinclined* to, and in some sort *incapacitated* for, bodily exertion or locomotion. A considerable part of the time he feels something like a sense, not very distinctly defined, of bodily fatigue; and to sit continuously in a rocking or an easy chair, or to recline on a sofa or bed, is his preference above all modes of disposing of himself. To walk up a flight of stairs often palpably tires the legs, and makes him pant almost as much as a well person does after pretty rapid motion. His lungs manifestly are somehow *obstructed*, and do not play with perfect freedom. His liver, too, is torpid, or else but partially active; for if using laudanum or the opium pill, he is constantly more or less costive, the fœces being hard and painful to expel; and if using morphine, though he may have a daily movement, yet the fœces are dry and harder than in health. One other morbid physical symptom I remember to have experienced for a considerable time, while using a quarter of an ounce of morphine per week—and this was an annoying palpitation of the heart. I was once told, too, by a keen observer, who knew my habit, that my color was apt to change frequently from red to pale.

These are substantially all the physical peculiarities I experienced during my opium-using years. It is still true, however, that the years of my using opium (or, in perfect strictness, *morphine*) were as healthy as any, if not the very healthiest, of the years of my life.

But what of the effects of opium-eating on the *mind?* The one great *injury* it works, is (I think) to the *will*, that force whereby a man executes the *work* he was sent here to do, and *breasts and overcomes* the *obstacles and difficulties* he is appointed to encounter, and bears himself unflinchingly amid the tempests of calamity and sorrow which pertain to the mortal lot. Hardihood, manliness, resolution, enterprise, ambition, whatever the original degree of these qualities, become grievously debilitated, if not wholly extinct. Reverie, the perusal of poetry and fiction, become the darling occupation of

the opium-user; and he hates every call that summons him from it. *Give* him an intellectual task to accomplish; *place* him in a position where a mental effort is to be made; and, most probably, he will acquit him with unusual brilliancy and power, supposing his native ability to be good. But he *cannot*, or will *not seek and find* for himself such work and such position. He feels helpless, and incompetent to stir about and hold himself upright amid the jostling, competitive throngs that crowd the world's paths, and there seek life's prizes by performing life's duties, and executing its requisitions. Solitude, with his books, his dreams and imaginings, and the excited sensibilities that lead to no external action, constitute his chosen world and favorite life. In one word, he is a *species* of maniac; since, I believe, his views, his feelings, and his desires in relation to most things, are peculiar, eccentric, and unlike those of other men, or of himself, in a state of soundness. There is, however, as complete a "method in his madness," as in the *sanity* of other men. He is in a *different sphere* from other men, and *in that sphere* he is sane.

The first symptoms attendant on breaking off the habit, coming on some hours after omitting the wonted dose, are a constant propensity to yawn, gape, and stretch, together with somewhat of languor, and a general uneasiness. Time passes, and there follows a sensation as if the stomach were drawn together or compressed, as if with a slight degree of cramp, coupled with a total extinction of appetite; the mouth and throat become dry and irritated; and there is an incessant disposition to clear the throat by "hemming" and swallowing; and there is a tickling in the nose which necessitates frequent sneezing, sometimes a dozen, or even twenty times in succession. As the hours go on, shudders run through the frame, with alternate fever heats and icy chills, hot sweats and cold, clammy sweats; while a dull, incessant ache pervades the bones, especially at the joints, alternated by an occasional sharp, intolerable pang, like tic doloreux. Then follow a host of indescribable senations, as of burning, tinglings, and twitchings, seeming to run along just beneath the surface of the skin over the whole body; and so strange are these sensations, that one is prompted to scream, and strike the wall, the bed, or himself, to vary them. By this time the liver commences a most energetic action, and a violent diarrhœa sets in. The discharges are not watery or mucous, but, save in *thinness*, not very unlike healthy stools for the most part. Not long, however, after the commencement of the diarrhœa, so copious is the effusion of bile from the liver, that one will sometimes pass, for a dozen stools in succession, what seems to be merely

a *blackish bile*, without a particle of fœces mingled with it. But this lasts not many days, and is followed by the thin, not altogether unhealthy-looking discharges above mentioned, repeated often an incredible number of times per day. Whether from the quality of these discharges, or from whatever cause, the interior surface of the bowels feels intolerably hot, as though excoriated; and it seems as if boiling water or aqua fortis running through the intestines would scarce torture one more than these stools. In fact, all the internal surfaces of the body are in this same burning, raw-feeling state. The brain, too, is in a highly excited, irritable condition; the head sometimes aching and throbbing, as though it *must* burst into fragment, and a humming, washing, simmering noise going on incessantly for days together. Of course, there can be no sleep, and one will go on for ten days and nights consecutively, without one moment's loss of intensest consciousness, so far as he can judge! Strange to say, notwithstanding this excessive irritation of the entire system, one feels so feeble and strengthless, that he can scarce drag one foot after the other; and to walk a few rods, or up a flight of stairs, is so terribly fatiguing, that one must needs sit down and *pant*. (Let it be noted, that these symptoms belong to the case where one is simply deprived at once and wholly of opium, without any medical help, unless the use of cold water be considered such.) These symptoms (unaided by medicine) last, with gradual abatements of virulence, from twenty to thirty days, and then mostly die away. Not well and right, however, does one feel even then. Though, for the most part, free from pain, he is yet physically weak, and all corporeal exertion is a distressing effort. He must needs sleep, too, enormously, going to bed often at sunset in a July day, and sleeping log-like until six or seven next morning, and then sleeping with like soundness two or three hours after dinner. How long it would be before the recovery of his complete original strength and natural physical tone, personal experience does not enable me to say. His condition, both in itself and as relates to others, is, mean while, most strange and anomalous. He *looks*, probably, better than ever in his life before. In sufficiently full flesh, with ruddy cheeks, and skin clear as a healthy child's, the beholder would pronounce him in the height of health and vigor, and would glow with indignation at seeing him loitering about day after day, doing little save sleep, in a world where so much work needs to be done. And yet he feels all but impotent for enterprise, or any active physical effort; for there is scarce enough nervous force in him to move his frame to a lingering walk, and sometimes it

seems as if the nervous fibres were actually *pulled out*, and he must move, if at all, by pure *force* of *volition*.

Most singular, too, the while, is the state of his *mind*. His power of thought is keen, bright and *fertile* beyond example, and his imagination swarms with pictures of beauty, while his sensitiveness to impressions and emotions of every kind is so excessively keen, that the tears spring to his eyes on the slightest occasion. He is a *child* in sensibility, while a *youth* in the *vividness*, and a *man* in the *grasp*, the *piercingness*, and the *copiousness* of his thoughts. He cannot *write down* his thoughts, for his arm and hand are *unnerved;* but in conversation or before an audience he can utter himself, as if filled with the breath of inspiration itself.—*N. Y. Medical Times.*

Period at which a Drowned Body will Float.

I am indebted for the following case to the kindness of the Hon. W. B. Wright, one of the judges of the supreme court of this state, who tried it at the circuit held in this city last winter. It contains what may be called the *medico-legal testimony* only, and I submit it in the hope that the main enquiry may receive some attention from medical gentlemen residing in cities and towns where drowning frequently occurs, as to its statistics:—*Volton and Adams* v. *The National Loan Fund Life Insurance Company.* The action was brought by the plaintiffs, as assignees of this policy, to recover, on a policy of insurance, issued by the defendants upon the life of one Conrad Shoemaker. The insurance was for $10,000, and the policy was issued on the 15th of May 1850. The premium on the policy was payable quarterly in advance. On the 23d of August 1850, Shoemaker paid the premium for the quarter ending on the 15th of November 1850. On the 4th of September 1850, the plaintiffs alleged that Shoemaker was drowned, while on a fishing excursion, with one Ottman, a German, in the waters of the bay of New York, about opposite to Hoboken, and nearest to the New Jersey shore. The theory of the defence substantially was, that Volton, Martin and Shoemaker, (Germans,) had entered into a conspiracy to defraud the insurance company, by causing an insurance to be effected for a large amount on the life of Shoemaker, and subsequently secreting and disposing of him.

To obtain a recovery, of course it was necessary that the plaintiffs should satisfy the jury of the death of Shoemaker. This they attempted to do—1st, by the testimony of Ottman,

who swore to the circumstances of his drowning, and of the time and place, which was on the 4th of September 1850, about dusk, in the Hudson river, opposite Hoboken, and near midway of the river; 2d, by showing that a body *found floating* on the river near Jersey City, on the 7th of September 1850, was the body of Shoemaker. This body was examined by the coroner of Jersey City soon after being discovered. The skin was somewhat bleached, and the face disfigured; a part of the lips being eaten off by crabs, lobsters or fish of some kind. After examination, it was interred by direction of the coroner. It was not attempted to identify this as the body of Shoemaker, except from some of the clothes found on it, and particularly the handkerchief on the neck. The handkerchief on the body was the half of a black silk one, with stripes, and cut from its mate diagonally. It was shown by a witness that Volton, a short period before the alleged drowning, had purchased a handkerchief for his son, and, at the suggestion of Volton's daughter, it was cut in two, and half of it given to Shoemaker, after being hemmed by her; the other half to the son. The part retained by the son and the part found on the neck of the body, were exhibited in court and found to match in color and stripes, and when laid together formed a square, and although cut across the stripes, matched in the run and character of the stripes. The pantaloons were also shown to be of the same general character worn by Shoemaker about the time of his alleged death. To rebut the presumption that this was the body of Shoemaker, a number of witnesses were sworn on the part of the defence, with the view of showing that, as a general rule, bodies will not rise and float, even when the water is of the temperature that it is in the month of September, under from six to ten days. As Shoemaker was alleged to have been drowned on the 4th of September, the body was found floating on the 7th of September, three days afterwards; if it were universally true that bodies do not float until decomposition takes place, in the waters of the Hudson, under from six to ten days, then this could not be the body of Shoemaker.

The first witness sworn on the subject was Dr. B. P. Staats. He testified that he had had occasion, in the course of his professional reading, to examine the subject as to how long a body will remain in the water before rising and floating. That it depends on the time of year, and the temperature of the water, and the size and make of the man. When the temperature is 65 deg., he did not think any body would rise in from less than seven to ten days. On his cross examination, he said he did not know that he could point out any book that he had consulted.

Dr. Benj. Budd was the next witness called. He testified that he was assistant coroner in New York; has had occasion to see many drowned bodies, some one hundred and fifty. Never knew a body to rise in less than six days, unless some mechanical means were used to raise it. Should judge the body found at Jersey City to have been in the water from ten to twenty days. Has never known a body to be in the water less than seven days that was mutilated by fishes. Bodies that have been hooked up in three, four or five days have not that peculiar bleached appearance as those present that come up in from seven to ten days. The body will not rise until decomposition has commenced. His age is 25, and has only studied the book of experience.

Dr. Seth Geer was then called. He testified that he was coroner in New York for eighteen months, during which time he had examined between three and four hundred drowned bodies. The general rule as to the rising of drowned bodies in the harbor of New York, is from eight to ten days. In his judgment, from the description given, the body found at Jersey City had been in the water two or three weeks. Never knew a body that had been in the water but three days mutilated by fishes. The hotter the water the sooner the body would bleach.

Andrew Blakeley was then called. He testified that he was deputy coroner in New York a little over two years, during which time he examined rising two hundred and fifty drowned bodies. Drowned bodies would rise in the summer months on an average of from six to ten days, as he found out by experience. He did not remember any case of rising when the body had been in the water but three days. He never saw a drowned body that had lain in the water but three days eaten by fishes. On his cross examination he stated that he had never read any medical book on the subject, nor did he know, except from testimony taken as a coroner, of a body lying under water seven days. It takes a body from six to eight or ten days to get bleached. He means by bleaching, a soaking of the body—a general softening and whitening of the body.

Henry C. Van Wie was called on the part of the plaintiffs. He testified that he was coroner of the county of Albany for four years. Has held a good many inquests on drowned bodies. Has known two or three instances where the bodies have risen in three or four days. In warm or sultry weather they will rise in from three to four days. They will bleach out directly in warm weather. They will be mutilated by fishes directly after decomposition takes place. Remembers

an instance of holding an inquest on a body that drifted ashore, and had been drowned four, five or six days. (This witness related the startling fact of holding, in one season, inquests on fifteen infants under three months old, found floating in cigar boxes near the city of Albany; cases, doubtless, of infanticide.)

Henry C. Allen called for the plaintiffs. He testified that he had been coroner of Albany county for twelve or fourteen years. He never could make up his mind as to any definite time that a body would remain under water. He knew an instance of a girl of fourteen years of age, who was drowned on Friday at twelve o'clock, and floated on Sunday at twelve o'clock. She was drowned at Greenbush ferry. Has known instances of bodies rising in five or six days. Sometimes sooner. Knew of one man by the name of Moreton who floated on the fourth or fifth day. The girl spoken of had turned a dark livid color. Females float sooner than males.

George E. Cutler called by plaintiffs. He testified that he was coroner of Jersey City. He knew of the case of a young man who was drowned on Sunday, about seven or eight o'clock in the morning, and on Tuesday or Wednesday succeeding, about eleven o'clock, he was found floating about two miles from the place where he was drowned. He knew of a female by the name of Smith, who was seen alive on Wednesday evening about seven o'clock; on Wednesday, about four o'clock P. M., he was called to view the body floating. A person of temperate habits will bleach very quick; those who have been inveterate drinkers never will bleach.

John Osborn called by plaintiffs. He testified that he was coroner of Albany county three years. Had occasion to reclaim drowned bodies. Had known bodies to come up frequently in two days, others not in several months. Had a case of an Irish girl. She had been drowned two or three days; it might have been four. Had another case of a man, McCarregan, an Irish auctioneer, who rose in four or five days.

Silas M. Benton called for plaintiffs. He testified that he was acting coroner in 1847, 1848 and 1849 in New Haven county. He knew a case of a person whom he saw on Friday, was missed Saturday, and found floating in the water on Sunday. The man was a German, and a baker by trade.

The verdict of the jury was in favor of the plaintiffs.

Amer. Jour. of Med. Sci.

Criminal Abortion, and Trial for Murder.

BY M. J. W. AMBROSE, M. D., OF WYOMING, KY.

On Wednesday evening, the 9th day of March last, I was called to visit Mrs. Matilda McKinnavan, a widow lady, at her father's, Mr. Elisha Bradley of Bath county, Ky., about 1½ miles N. W. of Wyoming.

I found Mrs. McKinnavan suffering with severe pain in the hipogastric region, and very tender to the touch, with some fullness. Tongue red around the edges, tip, and running back about half way in the middle; remaining portion white. Thirst considerable. Pulse, 100 beats in a minute, full and firm. Bowels had been moved that morning. Micturition normal. I interrogated her relative to her catamenial discharge. She said, she "had caught cold, and her courses had rather stopped."

From the manner in which she complained, I was conscientiously impressed with the opinion that she was laboring under the agonizing pains of abortion; and, I was about to enquire of her if such was not the case, when I reflected that she was a widow, and that her husband had been dead for several years, and knowing nothing derogatory to her character, I forbore asking any questions on that subject, for fear of offering her an insult: and determined to treat her case as enteric inflammation, at the same time, believing other organs than the bowels to be involved in the disease within the pelvic region. Consequently, I treated the case accordingly up to Friday evening about 11 o'clock; I being present, she called me to her bed side and asked me if I thought I understood her case. I replied, I did, so far as she had made her symptoms known to me, and that she was "laboring under inflammation of the bowels." She replied to me and said, "on last Sunday I went to Mrs. Boyd's on Flat creek, to get her to procure an abortion for me, as I was then in the family way." I asked her what Mrs. Boyd gave her. She said "nothing, but pressed and squeezed the lower portion of my bowels hard, and rubbed down," (making motion with her hands in imitation of the old woman,) "which gave me much pain, and she also greased her finger with some kind of ointment and introduced it into my privy parts. Mrs. Boyd told me there was no danger, for she had done many (!) a one that way, and they could go about all the time; at any rate, not lay up more than a day or two." I asked her if the child had come away. She said, "it came away on yesterday." How old do you suppose it was? "About nine weeks, and Mrs. Boyd said if I had waited

until the child would have been about three months old, she could have succeeded much better, it being so small she had to press hard to feel it. I also paid her fifteen dollars for her services."

This declaration she made to me, apparently in perfect mind, and afterwards to her mother in the hearing of her brother, about three hours before her death.

The case terminating as a criminal one, in my opinion, I believed it my duty to have the body examined by some reputable physician, not only on account of my own reputation, but also for the suppression of crime. I, therefore, obtained permission from the friends of the deceased to have the body examined, and then called to my aid Dr. Harris of Sherburne, Ky., who brought with him young Dr. Roby.

Autopsis.—Saturday, March 12th, 7 o'clock P. M., seventeen hours after death, post-mortem was commenced by Dr. Roby, by incision from superior spinous process of one ileum to that of the other, and from the incision down linea alba to symphisis pubis. The flaps of each side turned down. Found peritoneum inflamed, especially that part on the uterus and posterior part of the bladder. There was estimated about one quart of serum, with some curdy-like substance, or coagulated albumen floating in it, contained within the cavity of the abdomen. The small bowels were in a portion of their extent congested, particularly that portion found about midway below the umbilicus, and descending the cavity of the abdomen about six inches, and extending about as far in a transverse direction, especially the *anterior* portions. The blood-vessels distended with blood of a bright red color. Arch of colon healthy, but, the sigmoid flexure inflamed and of a very dark color. The thighs were bloody. Dr. Harris removed the vagina and uterus together from their location, and attachments with the scalpel, and on cutting open the vagina it was found to contain blood, and was contused on one side. The uterus was enlarged to about five inches in length, and three inches in width, its walls about one inch thick, and contained clots of blood. On its internal surface near the mouth of the fallopian tube, was found a net-work or cellular spot about the size of a shilling, somewhat oval, perhaps the placental attachment. Bladder was healthy and empty.

Dr. Harris took the ovaries home with him, and reports to me, as the result of his investigations, the following: "The left ovary was of the normal size, and presented nothing unusual in any way, save the inflamed condition of its peritoneal coat. The right was one-third larger, darker, much more vascular, and in it I found a true corpus luteum, about ⅜ of an

inch wide by § long—in short, presenting all the characteristics of a *true* corpus luteum, according to Montgomery in the Cyclopedia of Practical Medicine, Taylor's Medical Jurisprudence, and several other works in my possession. The *cavity* of the corpus was filled with a tenacious albuminoid substance in process of cicatrization."

The civil authorities hearing of the case, laid it before the grand jury of the circuit court of Bath county, Ky., Judge Moore presiding, which held its spring term a few days after the sad and melancholy occurrence. A true bill was found by the grand jury against Mrs. Boyd for murder. His honor, Judge Moore, had her summoned immediately to appear in court, to answer to the charge.

More than one hundred jurors were summoned before a jury could be obtained. After the jury was sworn, I was called and sworn as witness in the case. I proceeded to give a history of the case up to the confession of the deceased woman; when I was instructed by the judge that her dying declaration could not be received as testimony against the accused unless it was "made under a solemn conviction of impending dissolution. Because, the accused was not present to institute cross examination. And, if an individual was to receive a gun-shot wound, and call me in as physician to administer to his relief, and in order to make me more *thoroughly* acquainted with his case, was to tell me a certain man had shot him, it would not be evidence against the accused."

Notwithstanding it was our opinion that she believed she would die, yet, she did not express herself to us, and not being able to know the "solemn convictions" of her mind only as she expressed them to us, we could not swear that she made the declaration "under a solemn conviction of impending dissolution." Therefore, the prosecuting attorney, D. B. Lacy, was compelled to enter a *nolle prosequi*. *O sapientium legis—et lawyerorum.*

Health and Mortality of New Orleans.

About the 26th of May 1853, the first case of yellow fever entered the Charity Hospital, and after death black vomit was found in the stomach. The first fever cases originated among the shipping along the levee, in the fourth district, from which point it extended rapidly through the adjacent portion of the town. A large population of unacclimated persons, living in wooden huts, with floors and timbers soaked

in water and half decayed, were seized with the disease in the most malignant form. For some time previously rain had fallen almost daily, and this added to a hot, burning sun, seemed to give strength to the poison, and lent intensity to the disease. The streets in this vicinity, for the most part, were unpaved or planked, and the culverts, gutters, &c., were filled with water, saturated with filth and decaying vegetable and animal matter. The crowded state of these huts and low wooden tenements, with their floors steeped in mud and water, is admirably calculated to generate and propagate the germ of a disease which had already been sown in their midst.

The habits of these people, (being chiefly Irish and German laborers,) notoriously negligent and filthy, and utterly indifferent to all those precautionary measures which a limited knowledge of the laws of hygiene should suggest, served only to add fuel to the confl gration which was destined to extend its ravages to every portion of our devoted city. Hence, for some time, the yellow fever confined its work of death within particular localities—but by and by, gaining strength by what it fed upon, it began to travel to other and more distant points—to extend its arms, so to speak, in every direction, until it grasped the four districts within its deadly embrace. For some time the hope was entertained that those who paid proper regard to personal comfort and cleanliness—who dwelt in high, airy and well ventilated apartments—might escape the disease; but this proved a delusion—it soon became apparent that as heretofore, the epidemic fever was no respecter of persons—the master was stricken down with the servant—the mistress with the maid—the proud and wealthy were brought to a level with the humble and needy. All who had not passed through some one of our epidemic seasons were exposed to attacks from the disease. As has been already mentioned, the fever made its appearance in the latter part of May, at least one month and a half earlier than usual, and from the first case up to the present, it steadily increased almost daily, until the mortality per diem exceeded that produced by any epidemic known in the annals of our sanitary history. In recording the fearful ravages of the present epidemic, we must not forget that we have remained exempt from any such visitation since 1847, and during this time an immense population of unacclimated persons, both from Europe and the northwestern part of our own country, have been accumulating in our city. The number of unacclimated persons in the city, at the breaking out of the epidemic, has been estimated at thirty thousand souls; but many

of these, it is fair to suppose, have left the city to escape the disease.

The type of the epidemic differs but little from that to which we have been subject in former years; and the belief that persons had died of the disease in six and eight hours from the moment of seizure, can readily be explained by a better knowledge of the antecedent history of the case; for on enquiry it would generally be found that such individuals have had slight fever and other symptoms of the epidemic for two or three days previously to taking it—were in bed and calling in medical aid. This surmise gains additional strength from the fact that the attack, in many instances, has been so insidious and destitute of alarming symptoms, that it is with difficulty such persons could be persuaded—could be prevailed upon—to submit to the usual restrictive treatment.

It is not strange, therefore, that such cases, which had been neglected for two or three days, in the early and curable stage of attack, should terminate in fatal black vomit, in a few hours after the physician is summoned to the bed side of his patient. So much for the apparent malignancy of the present epidemic. In making the foregoing explanation, we aim not to deny the existence of an occasional case of extreme severity—so severe indeed as to terminate in death in a few hours, in spite of the best efforts of the most skillful physician and the most careful nursing.

In some instances the system seems so thoroughly saturated with the poison of the disease, from the very moment of seizure, that no system of medication, as yet suggested, seems able to cope with and stay the fatal tendency of the fever. Every medical man who has had much experience in the disease, must remember occasional instances of this kind.

The disease this season, though essentially the same in many of its most prominent features, exacts, perhaps, on the part of physician and nurse, more care, diligence and precaution, to terminate favorably, than usual in our epidemics. The slightest imprudence, either in diet, exposure or excitement of any kind, is almost certain to superinduce a relapse, from which state it is usually very difficult to extricate the patient. Hence the great mortality among those who are not only ignorant of the peculiarities of the disease, but who are also unable, and in some instances unwilling, to pay for the requisite medical aid and attendance.

Our quondam associate, Dr. Fenner, will in due time give us a full and detailed history of this epidemic, as he did that of 1847, when this disease shall have run its course and done its work of death.—*N. O. Med. and Sur. Jour.*

Iodine in Pharyngitis.

To the Editor of the Boston Med. and Surg. Journal.

Sir—As few northern journals have noticed my publications on the use of iodine in throat disease, I am induced to ask the favor of a small space in yours, which I understand has an extensive circulation, for the purpose of inviting the attention of physicians in the northern states to the virtues of this remedy. The success which I have met with in the treatment of this troublesome and dangerous disease, by the local application of iodine, seems to justify further efforts to extend its usefulness. The following formula is of proper strength for most cases, but occasionally it causes a soreness which gives pain in yawning, or other action putting the parts on a stretch, in which case it may be reduced by the addition of water, or simple syrup, until it ceases to produce pain:—℞. Iodide of potass., ʒ j; iodine, ʒ ss; water distilled, ℥ j; sugar and gum arabic, aa ʒ ij. M.

This is applied to the throat with a camel hair brush, as often as the patient feels a tickling sensation and a desire to cough, which it promptly relieves. Generally it is sufficient to apply the brush to the back part of the throat, and the solution becomes diffused by the act of swallowing; but when the disease has extended to the glottis, or penetrated the larynx, it should be applied to the root of the tongue also.

The affection of the ear which nearly always attends this disease, is relieved by the simultaneous use of a weaker solution of iodine, with glycerine, as follows:—℞. Iodide of potass., gr. vj; iodine, gr. iij; water distilled, ℥ j; glycerine, ʒ ij. M.

A few drops of this may be put into the ear once or twice a day, or a little cotton may be introduced and worn in the ear after having been moistened with this solution. Frequently a stronger solution can be borne, but it is generally advisable to begin with the weaker, lest some pain and smarting be caused by it.

In your climate, where this throat disease is more common than in this, and more likely to lead to a fatal issue, this remedy must become proportionably more extensively useful; and when its virtues come to be generally understood, it will probably supersede all other local applications.

A. P. MERRILL, M. D.

Memphis, Tenn., Oct. 25, 1853.

Examination of Human Milk in Legal Medicine.

Edinburgh Philosophical Society, March 19, 1853. Mr. Mercer Adam called the attention of the society to a new and important use of the microscope in legal medicine. He remarked that there were few cases in medical jurisprudence more difficult to decide than whether, after a few weeks had elapsed, parturition had occurred recently or at a remote period. In such cases of doubt, where delivery is circumstantially believed to have recently occurred, but where all the physical signs may, with equal propriety, be reckoned evidences of this having been at a remote period, he believed that the detection of colostrum-corpuscles in the milk would at once decide the question, and almost with certainty prove the delivery to have been recent. In illustration of this, he cited the following case, which recently came under his notice: the body of a newly born child, much decomposed, was found in a moss in the south of Scotland. It was impossible to decide *secundem artem* whether it had been born alive; but it appeared to have been dead for four or five weeks. Proceedings were taken to discover the mother, and suspicion fell upon a young woman who was supposed to have been secretly delivered about four or five weeks previously—that is, about the same date as the infant was thought to have been exposed. On being arrested on the charge of concealed pregnancy, she said she had had a child a year and a half before, which she had nursed until within three months of her apprehension, and firmly denied having been recently delivered. The two medical men, who were judicially appointed to examine her, came to different decisions, so equivocal were all the signs as to the period which had elapsed since her delivery. A microscopic examination of her milk was suggested, and it was found to abound in colostric globules. This decided the *questio vexata*, and showed parturition to have lately occurred. The girl, on being told that imposition no longer availed, confessed having recently given birth to a still born child, thereby confirming the accuracy of the revelations of the microscope. Mr. Adam considered that in such cases the microscope was likely to be as serviceable to the medical jurist as it was in the detection of blood globules, spermatozoa, &c.—*Monthly Journal Med. Science.*

On the Medicinal Properties of the Coffea Arabica.

BY W. HAMILTON, M. D.

An important fact in vegetable physiology, which becomes every day more fully developed, is, that the active properties of the fruit are frequently if not universally diffused in a greater or less degree throughout the leaves, bark and other parts of the plant; thus the leaf of the *vitis vinifera* has been long known to possess the same property of yielding wine by proper manipulation as the berry; and a similar property is now ascertained to reside in the leaf of the coffee shrub, which, by due torrefaction, as has been recently shown in the *Pharmaceutical Journal*, is capable of yielding a beverage equal in its sensible qualities to that obtained from the torrified berries. But the importance of this discovery may not be confined to the economical, but may also be found to extend to the medicinal properties of coffee, which, becoming reduced in price by this important discovery, may possibly come more extensively into use.

Calculous complaints are among the most frequent and perhaps the most painful maladies of our island, and are not uncommonly connected with gout and rheumatism; but it is not generally known that the free use of strong coffee, unadulterated with chicory, or any of those other substances with which it has been too much the practice of dishonest dealers to deteriorate the genuine article, is almost a specific for these painful afflictions.

It has been observed by Dr. Moseley, in his "Treatise on Coffee," that "the great use of coffee in France is supposed to have abated the prevalence of the gravel. In the French colonies, where coffee is more used than in the English, as well as in Turkey, where it is the principal beverage, not only the gravel but the gout, those tormenters of so many of the human race, are scarcely known. Du Four relates, as an extraordinary instance of the effects of coffee in gout, the case of M. Deverau. He says this gentleman was attacked with gout at twenty-five years of age, and had it severely till he was upwards of fifty, with chalk stones in the joints of his hands and feet; but for four years preceding the account of his case being given to Du Four to lay before the public, he had been recommended the use of coffee, which he adopted, and had no return of the gout afterwards."

But its efficacy is not confined to the cure or mitigation of these maladies. Sir J. Floyer, who had suffered under asthma for more than sixty years without finding relief from any of

the numerous remedies he tried, was at length cured, when above eighty years of age, by the free use of coffee. Other instances of the efficacy of coffee might be adduced, but enough perhaps has been already stated to induce those who labor under these maladies to make a trial of its efficacy, and convince dealers in the article of the inhumanity no less than the dishonesty of imposing spurious in place of unadulterated coffee upon their credulous customers.

It is to be hoped that the important fact of the capability of cultivating the coffee shrub in the lowlands, no less than the sub-Alpine regions of the tropics, for the harvest of its leaves, may lead to its more extended planting both in our East and West Indian possessions, since not only would an additional value be thus given to ground little suited to other tillage, but a valuable addition made to the staple crops without increasing the amount of human labor in their production. When the dried coffee leaves become, like those of the tea of China, an established article of import into this country, it may be hoped that the market price will undergo such a reduction as to render adulteration no longer profitable, and to induce thousands to prefer this exhilarating beverage to the vile compounds of sloe and rose leaves palmed upon purchasers as the genuine tea of China.—*Pharmaceutical Journal.*

On the use of a Stream of Warm Water in the Treatment of Local Inflammation.

BY F. H. GORDON, M. D.

The stream is the most valuable form of applying warm water for the cure of local inflammation. I have been familiar with it for years. It had been used by surgeons to relax the muscles in reducing luxations; but I am not aware of its having been employed for the reduction of local inflammation before I introduced it into practice. For this latter purpose I am acquainted with no remedy which can equal it in value. I do not wish to overrate it or to appear to exaggerate its powers, for this would prevent a proper estimate from being placed upon it. Yet to those who have not tried the remedy, the whole truth will look like exaggeration. Cups, leeches, blisters, and the lancet, do not equal it. The stream is a mode of applying warm water which complies with all of the conditions requisite to make it efficacious. It is more con-

stant, may be longer continued, and applied with more force than any other application of water. The stream may be conducted almost without variation of temperature or force for hours, and falling only upon the suffering point, it does not prostrate the patient like the bath, and hence may be continued long enough to greatly subdue the local inflammation before there is much depression of the vital powers. The force of the stream is an item of peculiar importance, because it is incomparably greater than that of any other mode of using warm water. It is a well known fact, that fluids in motion manifest their peculiar powers in a much higher degree than when at rest. The sultry air of a summer's day, which almost melts us by its quiescence, may, when put in motion, make hail, and chill the body. Electricity, which gently pervades our bodies at all times and stimulates all of the vital movements without misrule, if disturbed in its equilibrium and transmitted through the organs, with its incalculable velocity, will produce instant disorganization and death. Caloric, which pervades all of the tissues, and without which the vital functions could not be performed for one moment, does no injury while latent or in gentle motion; but when a large amount passes in or out of any point of the surface in a short time, destruction is the instant result. In like manner, water at rest in contact with the body will abstract or impart caloric according to its temperature, in so gradual a manner as to cause no very striking results; but when a swift current of water strikes the surface, its effects are manifestly in proportion to its velocity.—*West. Jour. Med.*

On the Use of Chloroform in Hooping Cough.

BY FLEETWOOD CHURCHILL, M. D., IN A LETTER TO PROFESSOR SIMPSON.

You are aware that, in my work on diseases of children, published three years ago, I mentioned that I had tried the inhalation of sulphuric ether in hooping cough with great benefit in about a dozen cases. After your application of chloroform for producing similar results, I tried it in hooping cough with equal benefit in at least as many more cases. But I always found two obstacles to its full and fair administration to young children. In the first place, you cannot get them to give notice of the approach of a cough, so as to enable you to have the chloroform in readiness before the paroxysm commences, and when the paroxysm has com-

menced, as it consists of eight or ten expirations to one inspiration, the chloroform will have evaporated before it has been fairly inhaled. And secondly, young children have such a horror of anything near their mouth during the cough, that they will resist your trying the chloroform as much as possible until they themselves have felt its power in relieving the cough. Owing to these two causes, and perhaps also to a want of clever management on the part of the mother, we shall find it fail altogether occasionally, and in other cases only partially succeed; but when it is fairly tried, as I have already remarked, its use is most beneficial. I have all along felt very anxious to try it in young persons of twelve or fourteen years old and upwards, because with them we can avoid the two difficulties I have mentioned; but it was not until this year that I had an opportunity. Four cases have come under my care, and the results are as follows:

Case I. Miss D., æt. 16, had had hooping cough a month, when I prescribed chloroform. There was no complication, but the whooping was frequent, especially during the night. She was directed to have the chloroform in readiness, and to use it with each paroxysm, and she assures me that in two days the whoop ceased. The cough lasted a few days longer, but it was slight and not in kinks.

Case II. Miss A., æt. 20, had been ill with hooping-cough for about three weeks, when I prescribed chloroform. The cough was not very frequent, and there was no complication. Two days sufficed with her also to relieve her of the whoop; and the slight cough which remained subsided after a week or ten days.

In these two cases the effect seemed quite magical; both had the disease well marked, and the families of both were prepared for a disease of two or three months' duration, as was the case with other children.

Case III. Miss B., æt. 18, took the complaint from her brother whom I was attending, and I therefore had an opportunity of giving chloroform from the commencement. She did not whoop when she coughed; but she was directed to use the chloroform whenever she felt the tickling larynx, without waiting for a cough. By doing so, she found that she could postpone the cough indefinitely, and if it came on suddenly, the use of the chloroform instantly suspended it. About three weeks elapsed before the tendency to cough and the use of chloroform ceased; but during that time she lost neither appetite nor flesh. She slept well, was in good spirits, and able to follow her usual occupation. She went to the country quite well.

Case IV. Master B., æt. 16, the brother of the last case, when I first saw him, had the disease most severely. The kinks were violent and prolonged, the efforts to inspire and the whoop excessive; it really seemed as if he would be choked, or that something would give way. He had lost appetite, sleep and spirits, although the disease had not lasted three weeks when I saw him. I tried chloroform with him, and it at once reduced the number of paroxysms one-half, but without mitigating them when they did occur. He took the chloroform very freely, and as he was not readily influenced by it, the quantity seemed to give him a headache, and he begged to be allowed to suspend its use. I the more willingly agreed to this, as he had a severe attack of diarrhœa. I therefore submitted two drops of prussic acid, (Dub. Pharm.) with two or three of black drops three times a day. The improvement, begun under chloroform, continued under this treatment, and at the end of five weeks from the beginning of the disease the cough had ceased, and he had regained rest, spirits and flesh.

Although this last case cannot be regarded as cured by chloroform, the paroxysms were first diminished by it, and I have no doubt that it contributed to the beneficial effect of the prussic acid. The first three cases are, I think, very conclusive as to its value; and, if further experience confirms them, we shall possess a means of cutting short this disease in adults, who, when attacked, suffer so severely.

One word as to the mode of exhibition. In order to avoid the possibility of an overdose, I have never given the chloroform on a handkerchief or by means of an inhaler, but have directed the mother (in the case of young children) or the patient, to spill a little, say about thirty drops, in the palm of the hand, and hold this before the mouth and nose sufficiently near to inhale it fully, but not so close as to exclude a portion of atmospheric air. The best time to begin is just as the patient feels the irritation in the chest increasing to a cough, but if possible before the cough commences; and the inhalation should be repeated with each return of irritation, unless headache be produced.—*Monthly Journal.*

Lusus Hominis.

A very prevalent disease, every day more frequently to be met with in the streets of New York, is *Hair Lip.* It is not congenital, but appears in the adult generally previous to the *age of discretion*, and is supposed to arise from a certain malformation of the viscera of the cranium, vulgarly termed *hairbrained.* It is evidently imported, as its entire absence, either congenitally or accidentally, is a remarkable characteristic of the aborigines of this continent; and it is also infectious, for which reason some sanatory regulation should be adopted by the *head* of our corporation to prevent its *growth*, which is at present so rapid as to threaten to *deface* the whole rising generation. It is suggested for this purpose that each person, on being first taken *down* with the disease, should be well scraped under the nose; ringing that organ might be useful as a prophylactic. The best remedy hitherto used is said to be iron combined with soap; but this is only palliative, and requires to be repeated at short intervals during the life of the individual, as the disease will return if neglected. It is rarely observed in females, though it is most common amongst those who cultivate their society. It is in some instances, indeed, the principal means by which the sex can be ascertained—since women have become so *inexpressibly* masculine in their costume and manners. The origin of the malady is very remote—but we have a *feint* recollection of its being attributed by some historian of the *middling* ages, perhaps Diedrich Knickerbocker—to one Herr Von Liphandsoff, an escaped convict, who having been branded on the lip, inflicted on himself this deformity to prevent discovery.

M. Morpain, a French physician, has found that by burning brown paper soaked in a solution of saltpetre in the room of an asthmatic patient, the latter will obtain instantaneous relief. M. Carrie, working out this fact, has had the following poly-pharmaceutical paper prepared for the same purpose: Pasteboard broken down with hot water, four ounces; nitrate of potash, two ounces; belladonna, stramonium, digitalis, lobelia inflata, all in powder, each twenty grains; myrrh and olibanum, of each two drachms and a half. Incorporate all these with the paste, divide the mass in sheets of the thickness of three lines; dry, and divide in little square pieces. Burn them in little saucers in a well shut up room.

Abuse of the Microscope.

We copy the following from a London contemporary, just to remind egotistical coxcombs seeking microscopic notoriety, that a cruise in that direction may not be such plain sailing as they think.—*Dublin Med. Press.*

THE MICROSCOPIST'S DREAM.

One night I sleepy went to bed,
Histology was in my head,
And soon I dreamt I heard a cry—
A Microscope came running by;
When suddenly it made a stand
Like soldier ready at command;
And, much to my surprise and awe,
It 'gan to speak with lifted claw,
And told me plainly all I saw,
In fancy, on the night before.
"Those things (it said) of caudate shape
Are made by squeezing fibres flat;
And cells, you think, of nuclei full,
Are only granules on the wall.
Cells plastic, compound, and the globules,
Are all deceitful as air-bubbles;
The large blood-discs (so called) in *spleen*,
Are only layers of albumen.
For how could capillary small,
Carry big globules, cell and all?
Hereafter these queer plates will be
Patterns for carpet factory!
But I've a fact, that will disclose
The prejudice of some of those
Who through me gaze."

THE

STETHOSCOPE.

THE PROPERTY AND ORGAN OF THE

MEDICAL SOCIETY OF VIRGINIA.

Edited by a Committee of the Society.

VOL. IV. RICHMOND, VA., FEB. & MARCH 1854. NOS. II. & III.

The Abortive Treatment of Pneumonia.

BY R. L. MADISON, M. D., PETERSBURG, VA.

CASE I.

J. B., free negro, æt. 34. Called to see him on the evening of the 6th ultimo; complained of considerable pain in the right side about two inches below and to the outer side of the nipple; had a slight chill in the afternoon; has now quite a high fever, furred tongue, headache and constipated bowels. Careful auscultation over the seat of pain revealed the characteristic crepitant ronchus of incipient pneumonia existing in the lower lobe, the middle and upper lobes being clear throughout; has a cough, but as yet no expectoration.

Treatment.—Ordered to be taken immediately eighteen grains of sulphate of zinc, dissolved in a large glass of warm water. Emesis followed this draught in about twenty minutes, preceded by much relaxation and copious diaphoresis.

January 7, 10 A. M.—Slept soundly during the night; says he feels quite well; has no fever; no cough; pain in the side gone. Respiratory murmur distinct throughout the lower lobe; ordered a mild aperient, and dismissed the case as cured.

CASE II.

J. L., mechanic, æt. 40. Seized with a chill at daybreak on the morning of the 15th ultimo; saw him at 11 o'clock A. M.; he had been much exposed the day previous; has a troublesome, hacking cough, high fever, some expectoration, and complains of a dull pain in the left side; respiration somewhat laborious.

Upon applying my ear to his chest, the right lung was free throughout; a similar examination of the left lung showed extensive mucous ronchi in the upper, accompanied by crepitant ronchus in the lower lobe. I had no hesitation in pronouncing the case to be one of bronchitis, complicated with pneumonia. The bronchitis was of a week's duration.

Treatment.—Prescribed ℞ Antim. et potass. tart. gr. i; pulv. ipecac. ℈ i. M. To be taken at once. This was soon followed by profuse perspiration and vomiting, the nausea and relaxation continuing for two or three consecutive hours.

5 P. M.—Found Mr. L. with a warm, moist skin; respiration easy; mucous expectoration free and copious; no fever; expressed himself as feeling decidedly better, although very weak; auscultation revealed the existence still of bronchitis, but every trace of the crepitant ronchus has disappeared, the vesicular murmur being distinctly heard in every part; prescribed at bedtime ℞ Hyd. chlorid. mit. grs. ij; soda bicarb. grs. vi; pulv. ipecac. co. grs. iv. M. Syp. q. s. F. in pil. No. ij.

Jan'y 16, 10 A. M.—Slept well; medicine acted once; appetite returned; cough and expectoration slight; mucous ronchus continues.

Ordered ℞ Syp. scillæ. comp., twenty drops every two or three hours.

Jan'y 18.—Dismissed.

Remarks.—These two cases, however briefly and imperfectly delineated, suffice to show the admirable adaptation of emetics to the commencement of a disease, which, in this section of country at least, is one of the most formidable with which we have to contend. Now, the rationale of this treatment seems to flow, as a most logical sequence, from the pathology of the disease. An undue determination of blood to, or a stasis of blood in, a particular lobe or lobule of the lungs, unquestionably constitutes, in this instance, the "fons et origo mali." If, then, there is too much blood in a part, it must be there at the expense of the general circulation, which by certain causes has been lashed into tumultuous

action. And hence arises the two grand curative indications: the one to calm and pacify the excited condition of the vascular system; the other, to impel onward, into the current of the general circulation, that blood which has been unhealthily dammed up in the capillaries of the affected organ. These indications are simple and prominent enough. But the important question then presents itself, how can they be fulfilled? Have we any theraputic agents capable of achieving objects fraught with such vital interests both to the profession and to humanity? Every one who is acquainted with the "modus operandi" of tartar emetic, is prepared to admit, that for diminishing the frequency of the pulse, for reducing the force of the heart's action, and for equalizing the circulation, even when its emetic effect is not manifested, this remedy stands almost without a rival in the materia medica. In addition to this, is its well known and highly appreciated power of defibrinizing the blood in inflammation. But entirely apart from these resolvent virtues, the tartarized antimony, when given as an emetic, its action being accelerated by combination, is undoubtedly capable, in many instances, of completely dissipating local congestion, and of restoring the circulation to its previous normal and quiescent flow. Of course this desirable object is not to be ascribed to the tartarized antimony alone, as any of the prompt emetics, particularly those of the mineral class, will induce the same result. Nor do I lay claim to any originality in presenting these views, because the action of emetics in favoring resolution has been familiar to the profession from the days of Galen to the present time. But the very antiquity of the remedy and the very simplicity of its action seem to have caused it to be supplanted by others, which, although possibly more agreeable to the palate, are certainly far less efficient in the commencement of the disease. And here let me take occasion to state, that I consider emetics particularly applicable *only* in the *primary* or congestive stage of pneumonia, or at least where consolidation has not progressed to the state of purulent infiltration. After the *third* stage of pneumonic inflammation, emetics, if they did no positive injury, would scarcely be productive of real good.

Every practitioner of medicine must be the frequent observer of the beautiful manner in which a prompt emetic will resolve inflammation of the tonsils, or speedily discuss the progressive enlargement of an inguinal gland! The "modus agendi" in every case is essentially the same. The blood, which is rapidly hurrying onward to the affected part, distending more and more the already obstructed capillaries, is

suddenly, by the divellent force of the emetic, thrown forward or hurled backward into other and larger channels, while at the same time, the force which previously impelled it, is restrained and broken by its calming and equalizing influence. Thus is the "stacis" of blood relieved and the "vis a tergo" diminished promptly, simultaneously, and efficiently. This method of treating incipient pneumonia I consider especially efficacious in those cases of rapid consolidation of the lungs, in which the patient frequently dies in a few hours or days, in a state of complete asphyxia. This condition of the lungs has been erroneously termed *typhoid* pneumonia. It has been so called, on account of the prostrated condition of the patient from the beginning of the attack and the entire absence of any thing like fever of the synocha type. But the fact is that the congestion and stasis of blood occur so rapidly and so extensively in the lungs, as in itself to paralyse the powers of life, and to render them incapable of establishing that reaction which they could and would do, if the congestion were but partial. The application of *typhoid* might with equal propriety be applied to a congestive chill; because the difference consists merely in the structure of the organ attacked and the far greater susceptibility of the lungs over the liver and spleen to take on inflammatory action. In this state of rapidly accruing consolidation, the demand for a remedy promptly to equalize the circulation becomes all the more urgent, and I conceive that emetics will effect this desired object more surely and more speedily than any other remedies within our control. Blisters might do good, but there is no time to wait for them to draw. Mercury in frequent doses would defibrinize the blood; but there is no time for this, even if it were admissible; whatever is to be done must be done quickly. If we rely upon stimulants alone, we merely add strength to the impelling force of the heart and arteries, thereby increasing the congestion, and consequently increasing the very evil which we wish to obviate.

The pathology of a chill consists in internal congestion, which is temporary or permanent, according to the intensity of the acting cause, or the structure of the organ attacked. Reaction is nature's laudable endeavor to correct an abnormal condition. But in the case of *mucous* or *serous* congestions, reaction generally passes the boundary of health, and generates in turn a morbid state equally conducive to disease! Hence it becomes the obvious duty of the physician, while he may assist nature in effecting reaction, also to see that after its establishment it does not transcend the limits of a healthy standard!

When pneumonic congestion has occurred, and reaction set in, the remedies chiefly relied upon by the profession to arrest or control the violence of the ensuing inflammation, are, the lancet, mercury, tartar emetic and medicines of the expectorant class generally. Now, in a majority of the cases which have come under my care during the last three years, venesection has been utterly inadmissible; consequently, the lancet, which was formerly considered the sheet-anchor in pneumonia, is now, owing to the asthenic type assumed by the disease, virtually worthless. Mercury enjoys a high reputation in this disease, which is mainly attributable to its sedative influence upon the nervous centres, and its ability to defibrinize the blood, and thus to arrest inflammatory advancement!

Tartar emetic and other relaxing expectorants, by calming the violence of the heart's action, cause the arterial torrent to flow onward more slowly, and thus allow nature time to recover from the injury which she has sustained.

Cups and blisters are admirable remedies, the one for relieving pain, the other for accelerating resolution; but in the primary stage of pneumonia there is an imperative necessity for something *more* than all this—for a remedy which will not only calm nervous and arterial excitement, but which will also empty the engorged capillaries of the congested part before true inflammation shall have been established. My own experience with emetics, however brief, justifies me in recommending them to the profession for the accomplishment of this desired end.

The Treatment of Pneumonia and some of its kindred affections.

BY Y. C. BLAKEY, M. D.

I consider the above disease, with pleurisy, laryngitis, trachitis and bronchitis, as the most manageable diseases the physician is called on to treat. Here, I know, I come in conflict in sentiment with some of the ablest practitioners in the profession: yet, notwithstanding, I sincerely hold this opinion, and it is not based upon a mere notion or theory, but on an experience of more than seventeen years, in an extensive practice in different latitudes of our country. It is unnecessary for me to lay down the usual treatment of such diseases, as every well informed medical reader is acquainted with the opinions

of Wood, Watson, and a host of other able writers on medicine. When called to a case of pneumonia or pleuritis, I immediately prescribe tartrate of antimony, in one-fourth grain doses, every two hours, and after the patient has been under its influence about four hours, I direct a large vesicatory to be placed over the seat of pain, which, after it has drawn well, to be dressed three times a day with coddled beet leaves, five layers thick. I not only give the medicine every two hours during the day, but *scrupulously* have it continued night and day until the patient is in a condition to be discharged. On the second day after commencing the treatment, I unite eight or ten drops of tincture opium to every dose of the antimonial solution, which not only alleviates the sufferer's cough, but procures him much of soothing and refreshing sleep. I generally prepare two large phials of the solution, one without laudanum, and the other, with eight or ten drops to every dose; the quantity proportioned to its effects, for if the patient slumbers half his time, it is all the better, as I consider this particular effect of the laudanum as most beneficial in restoring to health. The preparation without the tincture, I direct to be used whenever oil or any laxative is necessary to open the bowels; after this is effected, I resume the laudanum preparation. If I find in a day or two the case to be obstinate, I give *one-half* grain every two hours, or every hour, should I deem it necessary, as I have often given half grain tart. emetic every hour, in these diseases, for four or five consecutive days and nights, without any deleterious effects, except occasionally, a good crop of tartar efflorescence in the roof of the mouth and throat. This is caused by the salt being given in too small quantity of water; but it disappears in a day or two, by properly diluting the medicine and having the invalid to swallow a small portion of water after each dose, so as to wash off the solution.

Now, it is highly necessary that the medicine should be given constantly, so as to keep up a continued impression on the system; and by this course, with good blistering and proper nursing, I declare I have never failed in my professional life to restore to perfect health the most violent cases in from five to seven days, and never lost a case of pneumonia or any of its kindred affections; and this has been my mode of treatment ever since I commenced practicing my profession. The beauty of this practice, if you will allow the expression, is, that we not only soon restore the patient, but when he is restored, he is not often left crippled by prostration and a troublesome cough for weeks, with a great danger of relapse in some form or other.

In inflammations of different portions of the air tubes, I use the same treatment. In croup, I vomit the patient well in the commencement, and then use the antimony in broken doses day and night, until every vestige of the disease has disappeared, which, in this disease, is only twenty-four or thirty-six hours. I have been called to witness the death of children by this affection in other physicians' practice, but I have never witnessed it in my own, as I detest the use of the lancet or calomel in any of the above diseases. I was called a few weeks past in consultation in the case of an interesting little girl of four years; I found her in a dying condition, and her treatment was large doses hydrarg. submuriate, with *six drops* antimonial wine every two hours, and a large blister over the entire bowels and stomach. She was doomed to die with such treatment as this. Before concluding, it may not be out of the way to state that I treat inflammatory rheumatism in the same way, with this difference only: I use the narcotic drug (opium) more freely, and ten days is the longest period in treating the most violent cases.

Greene C. H., Va., 4th Aug. 1853.

A few Remarks on Veratrum Viride as a Therapeutical Agent.

BY W. H. GANTT, M. D., MOORESVILLE, ALA.

The present age has been characterised by a rapid and marked progress in all the arts and sciences. Everything seems to tend to the great desideratum of perfection. While the various arts and sister sciences have been marching upward and onward with rapid stride, we are happily so situated as to boast with truth of the great and mighty changes for the better that have marked the progress of the profession of medicine during the present century. Nor are these changes found in any one department of the profession alone. But in one and all has the spirit of change and improvement been busy. Old and ridiculous theories have been set aside. The few gems and jewels of former days have been rescued from the rubbish, and repolished and brightened, and been allotted a distinguished place amidst the valuables that have been since added to the mighty collection.

In no branch or department of the medical profession has there a more marked and happy change been made, than in that of materia medica. That branch, which for a long

time was looked upon with a feeling of disrespect, and suffered long, too long, to remain in the hands of the ignorant, has been rescued from its low position, and is now placed where its merits deserve, equal, and fully so, with its sister parts of the profession. While surgery, obstetrics, practice and other branches, called forth the ablest minds of our profession from time immemorial, materia medica had but few exponents. But now, the ablest men of the profession are its advocates, and the profession has gained much from it.

While we should be proud of the mighty changes for the better that are daily taking place in this branch of medicine, we should be careful not to be carried away with the many new and worthless articles presented to us. Yet, we should ever be willing to give those our judgment and tact are called upon to test, a fair and impartial trial, collect the good as treasures, and throw away the worthless.

In the Medical Journal, published in Augusta, Georgia, in the month of June 1850, we find an article from the pen of Dr. Norwood, of S. C., setting forth the American hellebore (veratrum viride) as a remedial agent of great powers and excellency, unequaled by any other remedy of the same class. Its reputation sprang to a great height forthwith, and still continues to increase. Its importance as a therapeutical agent is so great at present with the medical men of the south and west, that a fair and candid examination of its merits will perhaps be not amiss. Dr. Dunglison says: "The division," that is sedatives, and under this head we class the article in question, "comprises some of the most important classes of remedies which we possess, and such as are especially adapted for most of the numerous cases of acute disease that prove so fatal to mankind."—*Materia Medica, vol.* 11, *p.* 146.

The veratrum viride is a sedative. The question arises, what is a sedative? Coming from the word *sedo*, I settle, or I assuage, we apply it to all remedies whose properties are of a character to depress the vascular action, and lower the powers of life, as well as to bring down any preternatural excitement that may exist. It is not proper for me here to attempt a dissertation upon this class of remedies, nor is it my intention so to do. I merely state that the article in question is a sedative, and what is the general meaning of the term sedative, the better to give the properties of this article.

The plan we will follow in this article will be—first, to notice the symptoms produced by the use of this article; secondly, its general therapeutical application; and thirdly, its application as a remedial agent in particular diseases.

The quantity given in ordinary cases to an adult is from six to ten drops. In the course of an hour or two after the administration of the saturated tincture, (which is the mode of preparing this article,) the pulse becomes less frequent in its beat, often coming down as many as forty or fifty, and I have seen the pulse sink seventy beats in the minute. The breathing becomes slow, and, if the use of the medicine be carried far, laborious; but, in cases where its use is carried to a medium state, the respiration is slower and more regular than is found in the use of any other sedative I have ever used. The skin becomes soft and cool, with a strong tendency to diaphoresis. The stomach, if not carried too far, is rarely ever affected. Such is likewise the case as regards its action upon the bowels. But if carried to excess, we have a cold, clammy sweat covering the body; the stomach much irritated; constant retching and vomiting; the bowels loose, and the actions watery and wasting. In ordinary doses I have never witnessed any effects this remedy seems to have over the brain, save that produced by relieving the flow of blood to it, by reducing the general arterial action. The secretory organs in general seem to be excited to an increased action by this remedy. The nervous system is so affected by this remedy, that previously existing pains are greatly overcome, produced, no doubt, by an equalizing of the flow of blood and the momentum of the circulating fluid.

We will now take a slight and rapid view of the general application of sedatives as therapeutical agents. There seems to be an inherent force and disposition in nature, (I mean by this term, the human system,) to rid itself of all morbid action, when not overcome immediately by too violent and fatal a blow. And, in the large majority of cases, febrile exacerbation and excitement exist. This is so seldom found absent, we say that all diseases are accompanied by this phenomena. We see the action of the heart and arteries greatly increased; the circulating fluid is rapidly carried throughout the vascular system; a more rapid aeration is called for by nature; the respiration is quickened; the skin is hot and dry. Each and every symptom calls for an assuaging or settling down to a natural standard. We may rationally expect great relief from those remedies that have, by their peculiar action upon the human system, been termed sedatives. But here stares us in the face an error too often committed in the practice of medicine. That is, we lose sight of cause and effect. I do not wish for a moment to be understood as advocating the use of sedatives, regardless of the producing cause—far from it. Let us strike at the foundation first. But let us also use

any remedy, in conjunction with the first principle, that may aid very greatly in the rational and successful treatment of disease. I look upon the use of any remedy, with the expectation of arresting diseased action, simply because it is adapted to the eradication of one set of symptoms present, regardless of the cause producing those symptoms, as charlatanism. It is true we may say, with some truth, that causes producing any particular set of symptoms, may and will be overcome by the use of remedies usually found to overcome those symptoms. Let us suppose a case, and see how it operates. Intermittent fever has a particular cause for its existence. One of its symptoms is an increased action of the heart and arteries. We know that veratrum viride will quiet and allay the excited action of those organs; but what success would attend the practice of administering this preparation alone? We would check that excitement; but would we overcome the cause, and thereby remove the effect? Most assuredly not. But let us apply other agents, known to have the power of checking and destroying the first principle or exciting cause of this disease, and, as will be hereafter told, we have gained a great amount of good from the combination.

This mode of practice in the instance alluded to, has been one very great cause of many valuable remedies not meeting the anticipations of those using them. And until the physician is taught to reason from cause to effect, and to apply all remedies, used for the overcoming of diseased action, with this aim, the profession of medicine will be rather a matter of surmise and guessing, than a science. This remedy possesses all of the properties necessary to be had in a sedative. The question is often asked, is it accumulative in its effects? I have been using it to a very great extent for three years, and, with due deference to those differing with me, I am forced to say, that in my hands it has never proven itself to have such properties. In a conversation with Dr. Nott of Mobile, in February 1853, upon this subject, he remarked that he had found it nearly as much so as the digitalis; and he also remarked, that he did not entertain as high an opinion of its properties, as a remedy in typhoid fever, as many others did. I think I see plainly why it had been proven to possess the property of accumulation in his hand. I have found that the remedy, if used with an irritated condition of the bowels, was very irregular in its action; sometimes acting but imperfectly if at all, and then showing its powers of sedation to a very great extent. But in all cases where the bowels are not implicated in the disease going on, I have never found this property belonging to it.

Another reason why some have looked upon it as possessing this property is, that they administer it in combination with opiates. This drug has great controlling powers over the article in question. Dr. Wooston of Memphis says that it is an antidote to the veratrum. My experience confirms this opinion. The effects of the opiate passing off, the sedative is often too great. We will now proceed to notice the advantages to be derived from the use of this article in certain diseases; and we will begin with typhoid fever, as there is no disease upon which so much has been said as to the success of this remedy in its treatment.

In a conversation with Dr. Nott of Mobile, a gentleman of learning and undoubted abilities, upon the subject of veratrum viride, as a remedy in this form of fever, he remarked, "that as we approached that peculiar diseased action, known as and called typhous fever, that this remedy was useless if not injurious." I then, and now most cordially sanctioned the opinion. Where from a peculiar poison, we find the energy of the heart and arteries greatly impaired, as we do in typhous fever, and their action feeble, though quickened, a condition often met with in the most undoubted cases of debility, reason tells us that the remedy, whose property is to lessen the action of those organs, already much weakened, is contra-indicated.

But in the early stage of that form of fever known as typhoid, or in the continued form of febrile action, so much met with in the south and west for the last few years, it is an invaluable remedy. I say, if used in the early stages of typhoid fever, before the bowels become implicated in the disease; before any diarrhœa supervenes, would perhaps be more explicit. For I have found it of but little use, if not hazardous, to use it where such a condition exists; and if opiates are combined with it, or used within several hours of the administration of the hellebore, it becomes useless and of no effect. But if the action of the bowels is not free or frequent, or if they can be checked promptly by the use of turpentine, we may use it with great advantage. I prefer using it with this last mentioned article in all cases, where the tongue is dry or red on the tip and edges, as I have found the turpentine to possess an unequaled power over either of these forms of disease. The amount given is from five to ten drops, repeated, according to its effects upon the heart and arteries. I usually give a full dose at the outset, and then keep up a gentle action by careful watching. We will next notice its effects in the treatment of pneumonia and pleuritis. Perhaps in no disease is this remedy so valuable as in inflam-

mation of the lungs. When we reflect that the entire mass of circulating fluid is thrown by the heart through the lungs, and that the lungs, by an action of nature, owing to the excited condition of the circulating organism, and the greater amount of aeration of the blood then required, has so great and onerous a duty to perform. We see at once the rationale of the use of this remedy in the treatment of pneumonia. We quiet the excited condition of the heart; we thereby give the lungs rest, and the other remedies used in the treatment of the case a better and more effectual opportunity of removing the disease. We give the lungs rest, and they are enabled to throw off the fluids congesting in their cells, and more speedily become natural in their condition.

Pleuritis is another acute form of disease, in the treatment of which I have used the veratrum viride with success. In fact, in any of the acute forms of diseased action, attended by a full and rapid circulation of the blood, I have found advantage from its use. In intermittent fever it has a great tendency to shorten the fever and hasten the sweating stage. In remittent fever it is a most excellent adjuvant, shortening the febrile exacerbation very greatly, and preparing much more effectually that condition of the system so much desired. For the use of that antidote to malarial fevers, quinine, I usually give the hellebore, thereby shortening fever; and as soon as I find the pulse coming down and the skin becoming moist, I begin with the quinine. I, in this manner save several hours delay.

In the early stages of phthisis pulmonalis I have found benefit from its use in moderate quantities. It allays the cough to some extent, checks the rapid pulse, and renders the patient much more comfortable. I never use it in this disease to full sedation, nor if there exists diarrhœa.

I cannot close without mentioning the fact that the negro derives much less benefit from the use of this remedy than the white man. It is a truth, well known to all who may have practiced among that class of our population, that they cannot bear sedatives so freely as the white man.

I have now finished; and I have given a true history of the properties of this medicine, as evinced in my practice and frequent and fair use of it for the last three years, and hope my labor may result to the good of my professional brethren.

A short chapter on Phlegmasia Dolens or Milk Leg.

BY R. W. HAXALL, M. D.

Phlegmasia dolens has long been known to the profession as one of those painful diseases incident to the lying-in woman. As far as I can trace, it was first intelligibly described, as to its prominent symptoms at least, about two hundred years ago. Since then, it has claimed the attention of numerous writers; and when we recur to the various opinions which have been advocated in regard to its anatomical character, we are forcibly struck with the diversified sentiments which seem to have prevailed. Our astonishment however will not be very highly taxed, when we reflect, that not until at a comparatively recent period, was any effort properly made to elucidate the subject by autoptical examinations. Previous to this time it appears, that theories were constructed, based merely upon the *symptoms* which manifested themselves during the attack. As some apology for the want of dissection, however, it may be said that the disease is not frequently mortal; and if our remedial measures have been based upon our theoretical notions, and recoveries constitute the rule and not the exception, we may thus be led to flatter ourselves that our pathology has been correct.

The earliest theory which appears to have been instituted in regard to phlegmasia dolens, is this: it was thought to be due to a reflux upon the lower extremities, of such matters as should have been eliminated from the system with the lochial discharge; such was the opinion of Mauriceau. Subsequently it was attributed, by Puzos and his sustainers, to deposits of milk in the legs; and this notion received at one time almost universal acceptation. Accoucheurs who favored this idea, directed the child to be put to the breast as often as possible, in order to prevent this metastasis of the milk from the breasts to the legs, as it was crudely imagined to be.

Dr. White of Manchester, England, was perhaps the first who suggested the opinion that the disease depended upon an obstruction or inflammation of the lymphatics and glands of the affected limb. Still later, Dr. Hull advanced the idea that its proximate cause was an inflammatory affection of the limb, in consequence of which an effusion of serum and lymph is poured out into its cellular structure. Dr. Dewees seems to have adopted the same view. This opinion Dr. Hull promulgated early in the present century. Conjoined with those already stated, no other theories seem to have

been entertained by the profession until the year 1817. During this year, Dr. Davis of the London university, made a post mortem examination, in which he discovered extensive inflammation of the veins.

M. Bouillaud sustains the opinion of Dr. Davis, and details several autopsies of his own. But he goes also a step further: for in an article from his pen in the Dict. de Med. et de Chirurg. Pract., he maintains the opinion that the veins, lymphatics and nerves are sometimes though not always involved in the inflammatory process. In some of his cases the crural veins were found to be obliterated.

Dr. Ro. Lee, who perhaps has written as learnedly on this subject as any other individual, also maintains the fact that the chief anatomical character of the disease in question, is a phlebitis. His dissections revealed an inflammatory condition of the uterine branches of the hypogastric veins, as also of the common iliac and the femoral. In the venous structure of the organ itself, the inflammation was well marked.

When we come to look at the symptoms of phlegmasia dolens, (I allude particularly to the *local* symptoms,) we can very easily explain the appearance of the limb, upon the ground that inflammation of the veins exists. Its primary effect is to impede and then wholly to arrest the passing blood, which, coagulating more or less upon the inflamed surface, adheres to it. In proportion as this coagulation extends, by so much is the channel of the vein impeded; in some instances, as before remarked, it is obliterated. In those cases in which the obstruction is very considerable, or where obliteration exists, much suffering is the consequence; and if the organ through which the affected vein passes be not a vital organ, and can await the development of a collateral venous circulation, all things may at last terminate favorably. This condition not unfrequently results in phlegmasia dolens, and is one reason why the disease so seldom terminates fatally.

But it is unquestionably true that the lymphatics and glands are often implicated in this affection; perhaps they are always so. My impression is, from all the light which I can gather upon the subject, that they are secondarily and not primarily affected. Several investigators, and particularly Dr. Hull, have clearly ascertained that the very first symptoms discoverable in phlegmasia dolens, are a sense of weight, pain, heat and stiffness about the loins, groin and hypogastrium; and this is so often the case that he does not hesitate to assert, that the disease is constantly preceded by some form of puerperal fever; the inflammation being either propagated

along the vein, or along the sub-peritoneal tissues, until it reaches the cribriform portion of the fascia lata. Now if this be so, every lymphatic trunk which passes through this portion of the fascia lata, must necessarily be implicated in the inflammatory process, and must therefore become more or less obstructed. And as a matter of necessity too, the inguinal glands become inflamed to a greater or less degree in their turn. In a case of my own, treated some time since, I can verify this condition of things; the enlarged and hardened vein could clearly be traced upon the inner side of the limb, while the engorged lymphatics could be distinctly felt at the upper portion of the thigh, in solid network beneath the fingers.

Phlegmasia dolens may be confined to one extremity, but it occasionally invades both. It is said to be more frequent in subsequent pregnancies, and upon constitutions of a delicate nature it oftener makes its attack. It may commence within three or four days after delivery, or it may not reveal itself until a much later period. Its remote cause has generally been referred to some deleterious impression produced by atmospheric changes; but independent of all external influences, it may, perhaps with more probability, be supposed that the resorption of matters too long delayed within the uterine cavity, may immediately give rise to irritation of this organ. I am not prepared to say that mechanical violence has much or any agency in the production of phlegmasia dolens; for we as often, perhaps, see it succeeding to a labor perfectly natural and easy in every respect.

With respect to the symptoms of this disease, those already mentioned as precursory, may, I believe, almost always be discovered, if the investigation be carefully made; more frequently, however, they are not distinguished, and the first symptom which awakens attention, is a severe pain in the calf of the leg; this pain occasionally, first exhibits itself in the popliteal space. It may also affect the hip joint or the back. Very speedily the groin becomes tense and swollen, and in a day or two the thigh is observed to be tumified, shining, hard upon pressure, and white. This state of things may be confined to the thigh, or it may extend down the whole leg, which is often immensely swollen. Towards the decline of the disease especially, the limb will pit upon pressure as in common anasarca. In many cases the vein may be traced like a cord throughout the whole extent of the limb, which is often very sensitive to pressure exerted upon any part of it. In proportion as the swelling of the limb increases, so does it become useless to the patient, and it often happens that it is impossible even to bend it.

The general system of the patient suffers, as a matter of necessity, in phlegmasia dolens. The pulse seldom beats less than a hundred during the minute; oftener it rises to 140 or even more; rarely, I believe, is it to be found full, strong and bounding. The appetite is diminished or lost; the tongue is white, and the countenance often pale even from the commencement of the attack. The patient is restless, and towards the close of the disease, or rather after it has existed some ten or twelve days, the bowels frequently become deranged. This derangement shows itself in the form of diarrhœa; dysenteric irritation, however, is not unfrequent, and this occurred in the case to which I have alluded above. The peculiar symptoms of these forms of irritation need not be detailed.

In regard to the *treatment* of this disease, the majority of those who have given us their opinions would seem to be opposed to large emissions of blood. That cases do occur in which the use of the lancet would be eminently useful, there cannot be a doubt. In robust constitutions, and in those cases especially where the prodromes of the disease are distinctly ascertained, the most beneficial influence will be derived from bleeding the patient to an amount sufficient to produce a decided impression upon the pulse. Should the condition of the sufferer be such as to forbid the use of the lancet, and in cases too where it has been beneficially employed, leeches may be required upon the painful points; generally they may be employed in considerable numbers, and their application is always productive of relief. They may be followed up with increasing comfort to the patient by warm hop fomentations renewed from time to time as occasion may require. Turpentine fomentations have been recommended by some, but I have not employed them, having been satisfied with those first named. Cold evaporating lotions have met with some advocates.

If the bowels are costive, as they often may be, laxatives, rather than more energetic purgatives, are to be administered. During the continuance of the treatment some advantage will accrue from the use of saline diaphoretics. The effervescing mixture, made with the sup. carb. potash and lemon juice, or the liq. acetat. ammoniæ, in suitable doses, may be employed. A solution of tart. emetic will also be found serviceable, after the force of the pulse has been reduced, and the occasional employment of the preparations of opium will frequently be needed to lull painful sensations. Should diarrhœa or dysentery supervene, I need scarcely here state what should constitute the appropriate measures of relief.

Some writers highly approve of blisters, while others, and among them our countryman, Dr. Dewees, would esteem them as rather injurious than useful.

When the acute stage of the disease has subsided, which generally happens in 10 or 12 days from its commencement, it will become proper to support the patient's strength by allowing her a more nutritious diet, combined with some of the bitter tonics. In this particular it is useless to specify articles, as the treatment is based upon general principles, and each individual will prefer his own selection. I may be allowed to say, however, that I have found good London porter not only grateful but beneficial to the patient; nor are the ferruginous preparations to be forgotten.

Upon the decline of the active stage of inflammation in the leg, advantage may be derived from rubbing the limb with some stimulating liniment; and the use of the flannel roller will be found serviceable in diminishing the swelling, which may remain for an indefinite period. May not the iodide of potash become a remedy of some value in such cases? I have had no opportunity of testing it.

Fungus Hœmatodes of the Eye---Extirpation of the Eye---Recovery.

BY JAMES BOLTON, M. D.

Tom, a negro man about 35 years old, had suffered pain in the eye and head more than twelve months.

Present condition.—May 3, 1852—Total loss of vision; exopthalmos; extreme engorgement of all the tissues; general cachexy.

Operation.—The patient was placed in a state of complete anæsthesia by the use of chloroform. A ligature was passed through the cornea with a curved needle, for the purpose of steadying the ball; an incision was then made at the external commissure of the lids; a circular incision was carried through the conjunctiva, and partly through the muscles. The operation was then completed, by dividing the muscles and the optic nerve by curved scissors.

Treatment.—No lint was placed in the socket, but simple cold water dressings were applied externally to the wound. The patient was kept quiet, and antiphlogistic treatment rigorously pursued.

No untoward symptoms occurred, and in two months the patient had entirely recovered. The patient continues well at this date, January 1854, twenty months after the operation.

A section of the tumor exhibits the interior of the ball, disorganized and nearly filled with a mass having the characteristics of fungus hœmatodes.

The specimen is marked No. 9, in the pathological cabinet of the Medical Society of Virginia.

Remarks.—The question may be raised whether this were really a case of fungus hœmatodes, for two reasons—first, because the disease usually occurs in infancy; second, because it is denied by some that extirpation is ever successful.

In reply to the first, I would state that the disease is not confined to infancy. Saunders relates a case of undoubted fungus hœmatodes in a patient of the same age as mine. In reply to the second, I would say, I cannot admit, because several surgeons have invariably seen a recurrence of the disease in other organs, that this recurrence must invariably take place.

The only rational question which can be raised in regard to this case, is, whether it is truly one of fungus hœmatodes, and is to be settled only by its history, and the results of dissection.

The disease was purely idiopathic, not being traceable to any injury. Its progress was slow and for a long time painless. Before the operation was performed, the system had begun to sympathize deeply, exhibiting a cachectic condition. The eye ball was very much protruded, the distention being greatest at the band of the tunica albuginea. A section of the ball showed a fungus tumor of a brownish color, occupying almost the whole interior of the ball, appearing to spring from the ciliary body, and including the iris and choroid coat. The lens and vitreous humor had disappeared; a small quantity of fluid containing reddish granular particles was evacuated—the optic nerve was sound.

To deny such a case to be truly fungus hœmatodes, merely because the patient appears to be in good health twenty months after extirpation, would be unworthy of a medical philosopher.

EDITORIAL AND MISCELLANEOUS.

Again we have to apologize to our subscribers for the tardy appearance of our February number. By uniting it, however, with our March number, we shall be enabled to greet our readers more promptly hereafter, and, we hope, in a less slovenly manner than we have been compelled to do in the present instance.

To the Patrons of the Stethoscope and the Members of the Medical Society of Virginia.

The undersigned deem it due to you to present some explanation of the circumstances under which the Stethoscope has been transferred from the hands of its talented and estimable former editor, to become the property and organ of the Medical Society of Virginia. The importance of organizing the medical profession of Virginia is universally felt and acknowledged. The most effective instrument for accomplishing this desirable object is generally admitted to be the State Medical Society, enjoying a most liberal charter, conferred by the legislature of Virginia. This society now consists of five hundred members, many of whom are among the most talented and influential physicians in the state. Scattered as they are over a wide extent of territory, most of which is destitute of convenient modes of transportation, and engaged in an employment the most intolerant of neglect, it is impossible for them to meet frequently in large numbers, in order to confer with each other in regard to matters which are felt to be of the deepest moment to all.

It is apparent, then, that some means of frequent communication for the interchange of opinions is necessary for the purpose of bringing about unanimity and concert of action. In this point of view, a journal seems indispensable to the success and effectiveness of the society.

This, however, is not the only aspect in which the journal must prove an efficient agent in promoting the designs of the society. The first article of the constitution declares its objects to be the collection, diffusion and preservation of medical knowledge.

In the practice of every physician cases occur which throw light upon obscure points in medical science, and are of inestimable value to the medical philosopher. The society's journal will furnish its members with the means of treasuring up these for future use.

These are some of the most prominent advantages to the society of owning and controlling a medical periodical, and we believe that the society decided wisely in instructing its committee to establish such a journal; and we feel satisfied that we have consulted the best interests of the society by the purchase, on unusually advantageous terms, of the oldest and best established journal in the state.

Through the liberality of the publishers, Messrs. Ritchies and Dunnavant, we were enabled to effect an arrangement for carrying on the publication, by which the treasury of the society is relieved from all responsibility in regard to the expense of printing, mailing, &c. These gentlemen have entered heartily into the scheme, and have given every encouragement to the society to prosecute it vigorously. To their courtesy, liberality and cordial co-operation the society owes a debt of gratitude, which can be repaid only by an active, persevering effort of every member to sustain it by valuable contributions to its columns, and by increasing its subscription list.

We respectfully urge upon you to use every exertion to make this enterprise permanently successful; and we earnestly request all who may be in arrears to this journal, to remit their dues promptly to the publishers.

The subscription list of the journal is already amply sufficient to pay the expenses of publication, besides yielding a considerable surplus for other contingent expenses. By proper exertions on your part, its subscription list may be largely

increased, and it will then become a source of considerable revenue to the society's treasury.

To its former editor and proprietor we express our thanks for the courtesy, frankness and liberality which have marked his interviews with us. The arrangement which was finally concluded with him is such as falls within the terms of our instructions, and fully accords with his long tried devotion to the interests of the Medical Society of Virginia.

The particulars of these arrangements will be reported in full to the Medical Society at its annual meeting at Richmond in April next.

In conclusion, we congratulate the society on the successful termination of our labors, and the unusually accommodating terms on which their object has been accomplished.

THOS. P. ATKINSON, M. D.
F. W. RODDEY, M. D.
JAMES BOLTON, M. D.
Committee.

A State Medical College again.

Virginia furnishes annually about three hundred students to the various medical schools of the country. It is obvious that if this number of pupils could be collected at a single institution within the state, we should have a prosperous college. Half of them have heretofore attended northern institutions; the remainder have been distributed among the schools of Charlottesville, Farmville, Richmond and Winchester. It will hardly be denied that the cause of medical education has suffered by this dispersion.

Deeply impressed with the fact that physicians can never assume their true position, until their ranks are uniformly recruited by men of capacity and honor, the conductors of this journal have advocated, from its foundation, the establishment of a *Medical College of Virginia*, to which all other medical schools should be subsidiary, and which, in connection with an *examining board*, should possess the exclusive power of conferring the right to practice medicine in the commonwealth.

It appears, however, that such a monopoly is considered

incompatible with our "republican institutions," and quite unacceptable to the legislature, however agreeable to the profession.

The professors of the medical school in Richmond have petitioned the general assembly to constitute *them* the *Medical College of Virginia*, and the following bill, it is said, has been presented to the committee on schools and colleges, with a view of effecting this object. It will be observed that it does not contemplate precisely such an organization as we have advocated:

BILL.

Whereas the faculty of the medical department of Hampden Sidney college have built up and sustained within the commonwealth a medical school of reputation and usefulness, which deserves the fostering care of the general assembly; and whereas it is represented to the general assembly that the said faculty desire an independent charter: therefore,

1. Be it enacted by the general assembly of Virginia, that the professors hereinafter named, and their lawful successors, shall be and are hereby made a body politic and corporate under the name and style of the Medical College of Virginia, for the purpose of giving instruction in medicine, surgery and the other arts and sciences connected therewith; and the said corporation is hereby invested with all the rights, powers and privileges conferred by the Code upon corporations, and subject to all the rules, regulations, restrictions and provisions of the Code in regard to corporations, so far as the same are applicable to such a corporation as that hereby created.

2. There shall be and is hereby vested in the said corporation all the property, real and personal, which now belongs to the Medical College at Richmond, or to the faculty of the medical department of Hampden Sidney college, including the college lot, buildings and appurtenances, and the furniture, philosophical apparatus, anatomical museum, &c.; subject, however, so far as the said real estate is concerned, to the lien which now exists thereon in favor of the president and directors of the Literary fund.

3. The professors or faculty of the medical college shall be for the present those who now occupy the several chairs in the college: that is to say, Richard Bohannan, M. D., shall be professor of obstetrics and diseases of women and children; Lewis W. Chamberlayne, M. D., of materia medica and therapeutics; Charles Bell Gibson, of surgery and surgical anatomy; Carter P. Johnson, of anatomy and physiology;

David H. Tucker, of the theory and practice of medicine; and Martin P. Scott, of chemistry and pharmacy.

Every vacancy in a professorship, caused by the death, resignation, removal or permanent disability of a professor, or by the creation of a new chair, shall be filled by a board of visitors herein provided for; but temporary vacancies, such as those caused by the temporary absence or sickness of a professor, may be filled or provided for by the faculty.

There shall also be a demonstrator of anatomy, appointed by the faculty, and liable to be removed by them.

4. The faculty shall appoint one of their own members dean, who shall keep a record of all their proceedings, and perform such other duties as may be assigned to him by the faculty. The faculty shall also have the care, control and management of the property and affairs of the college and infirmary, and the government of the students and subordinate agents and officers, including the power of removing and appointing such agents and officers; subject, however, to such by-laws, rules and regulations as may be enacted by the board of visitors, in the manner hereinafter mentioned.

5. There shall be taught in said college all the usual branches of medical education; especially anatomy, surgery, physiology, the theory and practice of medicine, materia medica, therapeutics, midwifery, the diseases of women and children, and chemistry.

6. The faculty shall, once a year, or oftener, examine candidates for degrees, and may confer the degree of Doctor of Medicine upon such candidates as, having attended two full courses of medical lectures—one of them, at least, at this college—and having been thoroughly examined by them, and complied with such other regulations as may be adopted by the faculty, shall be deemed by them worthy of that distinction.

7. There shall be a board of visitors, fifteen in number, composed of the following persons and their successors, to wit:*

Seven members of this board shall constitute a quorum.

* We understand that the faculty did not pretend to dictate the composition of the board of visitors; but being asked by the committee what persons they would suggest for these offices, presented, in a separate note, the following list of names:

Chas. W. Russell of Wheeling, Allen T. Caperton of Monroe, John B. Baldwin of Staunton, James M. Mason of Winchester, John S. Barbour, jr. of Culpeper, Hunter H. Marshall of Charlotte, M. R. H. Garnett of Essex, Tazewell Taylor of Norfolk, James D. Halyburton of Richmond, Raleigh T. Daniel of Richmond, John M. Patton of Richmond, Wm. H. Maxwell of Richmond, Andrew Johnston of Richmond, Wm. H. Macfarland of Richmond, James A. Seddon of Richmond.

The board shall fill vacancies in their own body. But, if at any time the number shall be reduced below a quorum, the vacancy shall be filled by the circuit court of the city of Richmond, or such other court as may succeed to its chancery jurisdiction, either upon a bill filed by the corporation hereby created, in which the attorney general shall be made a defendant, to defend the interests of the commonwealth, or upon a bill filed by the attorney general against the corporation. The costs of which proceeding shall be paid by the corporation.

8. The board of visitors shall meet once a year, or oftener, at the college, and the necessary expenses of those visitors not residing in Richmond, who attend such meetings, shall be paid by the faculty.

They shall appoint a secretary, who shall keep a record of their proceedings, and shall be allowed a salary, to be fixed by the board and paid by the faculty: such salary not to exceed one hundred dollars per annum, without the consent of the faculty.

9. The college and its affairs shall be subject to the superintendence of the visitors, who shall, at all times, be allowed access to the records of the faculty, their lectures, and the buildings and property of the college; and the board of visitors may, at any time, require from the faculty any information about the affairs of the college or corporation, which it may be in the power of the faculty to communicate. The board may also adopt any by-laws, rules and regulations for the good order and government of the college, its professors, teachers, officers, agents and students, which they may think fit: provided the same be proposed beforehand, or agreed to afterwards, by resolution of the faculty.

And the board shall not only have the power of appointing the professors given by the 3d section, but may remove any professor for any cause, which may seem to them sufficient, ten visitors at least concurring in the removal: provided, that the cause or reasons of such removal and the ayes and noes of such vote be entered on the record of the board, and that the professor against whom charges may be preferred, shall have had reasonable notice in writing of the specific charges against him, and opportunity of being heard in his defence, by proof and argument in open session of the board.

10. The board of visitors and the faculty shall each make an annual report to the second auditor, such as is required by the 12th section of the 83d chapter of the Code.

This act shall take effect and be in force from the time that it is assented to by resolution of the present faculty; which resolution shall be entered upon the record book, required by

the 4th section of this act—and from that time also the corporation hereby created shall be deemed organized.

It is evident that the consummation of this project would effectually defeat the great object which the profession has in view. Instead of establishing an important institution for medical instruction, liberally governed, cordially supported by the profession, with its honors open to all, it would organize a private local monopoly of the most odious description. We were sadly disappointed by this scheme, for we had thought that the faculty of the school in Richmond were in a more favorable position than any other association to found such an institution as is required by the necessities of the state, and we ardently desired to co-operate with them in accomplishing this beneficent end. Upon the anonymous publication of the above plan, without any denial of its authenticity, we prepared an article designed to call the attention of physicians to its obnoxious features, and to invite the profession to unite with us in resisting to the last extremity the establishment of such a medical oligarchy as was proposed in this bill. Anxious, however, that the present opportunity of establishing a proper system of medical instruction should not be lost, we had a conference with several professors of the school, in which our objections to their project were concisely stated. We have been glad to find a willingness on the part of the faculty to remove the objectionable characteristics of their plan. It will be seen from the following letter, that this has been, in some measure, already done, and we sincerely hope that it may be deemed expedient to modify the project still farther, so that the objections of all disinterested persons may be removed, and the profession may harmoniously support a plan for the common weal.

RICHMOND, January 5th, 1854.

To the Editors of the Va. Med. and Surg. Journal.

GENTLEMEN—As the new charter for the medical college seems to have excited some comment, it seems but fair that I should state, that the charter presented to the committee was not supposed by the faculty to have been perfected, but it was expected that such alterations would be made as the true friends of the institution might suggest, since it is the wish of the faculty to make the charter conform, as nearly as possible, to the wishes of the profession throughout the state. The good wishes of the profession are essential to the success of the college; and while the faculty cannot expect to satisfy all,

they are determined to use every exertion in their power to prevent cavil and opposition from those whose good opinion they are desirous of preserving.

I will go farther and say, that the faculty have already agreed to change the charter in several respects: 1st, they are willing that the board of visitors, and not the faculty, shall be constituted the incorporators; 2d, they desire to give to the visitors more power than is granted to them in the bill presented to the committee of schools and colleges, by striking out the following words: "provided the same be proposed beforehand, or agreed to afterwards, by resolution of the faculty;" 3d, in the formation of the board of visitors, the faculty propose to add to the present number, by selecting one visitor from Petersburg, one from Alexandria and one from Fredericksburg, so that in a board of nineteen, there will be twelve or more from the interior of the state.

With great respect,

Your ob't servant,

DAVID H. TUCKER, *Dean.*

Our readers will observe that, instead of a private corporation of six physicians, the faculty *now* asks for the appointment of a board of nineteen governors, composed of men of standing, selected from every portion of the state, and are willing that this body shall be invested with full powers in all that concerns the proposed college. This is certainly a vast improvement.

As we have already stated, we believe that the faculty of the school in Richmond possesses the ability to organize such an institution as the profession demands. Should this be attempted by any other association, we should have two schools, and all the evils of competition in teaching. Encouraged by the assurances we have received of the willingness of the faculty to modify their charter until it is made unobjectionable to the mass of the profession, we shall proceed to offer one or two farther suggestions for its improvement.

In the first place, the "self-perpetuating feature" in the organization of the board of visitors, may be advantageously removed. We are aware of the difficulty of selecting a disinterested appointing power, but anything is preferable to the power of self-appointment; and if the proposed institution is to be a *Medical College of Virginia*, it should be attached in some way to the state: either by requiring the president and direc-

tors of the Literary fund, who control the appropriations for literary affairs, or else the legislature itself, to appoint its regents. The number of visitors necessary to constitute a quorum must indubitably be augmented.

We think it but just that the professors of the Richmond school should occupy their respective chairs in the proposed college, and are convinced that this is the general wish of the profession, not in consequence of any real or supposed pre-eminence of talent or attainment on the part of these teachers, but because their long and slenderly requited services in some measure entitle them to this distinction. We are not certain, however, but that it would be better to leave the power of reinstatement to the board of visitors. At all events, that body should name the permanent occupants of any chairs which are now vacant or only temporarily filled.

Furthermore, we believe it would be a popular measure, tending to affiliate the profession with the proposed college, if the board of visitors were allowed to appoint annually three or more physicians unconnected with the school, who should attend the examinations, and vote upon the qualifications of candidates for the doctorate.

We have thus briefly stated the principal alterations which are still necessary in the bill now before the committee on schools and colleges, before we can give it our support. In conclusion, the true issue is this: not whether a bill, such as is here proposed, will suit the views of everybody, or favor the personal interests of this or that man; but if a medical college in Richmond, under the supreme control of nineteen regents, coming from all parts of the state, with a quorum large enough to avoid as far as possible the introduction of local or personal interests, this board holding its office as the gift of the legislature, filling all vacancies which do now, or may hereafter exist, appointing an independent board of examiners to act with the faculty in granting degrees, can be obtained from the general assembly—whether such an institution will not better advance the cause of medical education and the interests of the profession and the public, than any which at present exists, or which it is now in the power of the profession to establish?

We copy the foregoing article from the Virginia Medical and Surgical Journal. The bill so severely censured by our cotemporaries, after undergoing various modifications, was finally laid aside for the following:

Substitute to a Bill to incorporate the Medical College of Virginia.

1. Be it enacted by the general assembly of Virginia, that the visitors hereinafter named, and their lawful successors, shall be and are hereby made a body politic and corporate under the name and style of "The Medical College of Virginia," for the purpose of affording instruction in medicine, surgery, and the other arts and sciences connected therewith; and the said corporation is hereby invested with all the rights, powers and privileges conferred by the Code upon corporations, and subject to all the rules, regulations, restrictions and provisions of the Code in regard to corporations, so far as the same are applicable to such a corporation as that hereby created.

2. There shall be and is hereby vested in said corporation all the property, real and personal, which now belongs to or is used for the purposes of the medical college at Richmond, including the college lot, buildings and appurtenances, and the furniture, philosophical and surgical apparatus, anatomical museum, &c.; subject however, as far as the said real estate is concerned, to the lien which now exists thereon in favor of the president and directors of the Literary fund.

3. There shall be taught at said college all the usual branches of medical education, including especially anatomy, surgery, physiology, the theory and practice of medicine, obstetrics and the diseases of women and children, materia medica, therapeutics, chemistry and pharmacy. Instruction in said branches shall be given by a faculty of professors, to be appointed for said college by the board of visitors. And when such a faculty shall have been appointed, every vacancy thereafter occurring in a professorship by the death, resignation, refusal to accept, removal from office, or permanent disability of a professor, or the creation of a new chair, shall be filled by the board of visitors; but temporary vacancies, such as those caused by the temporary absence or sickness of a professor, may be filled or provided for by the faculty. There shall be also a demonstrator of anatomy, to be appointed by the faculty, and liable to be removed by them.

4. The faculty shall appoint one of their number dean, who shall keep a record of their proceedings, and perform

such other duties as may be assigned to him by the faculty. The faculty shall also have the care, control and management of the property and affairs of the college and infirmary, and the government of the students and subordinate agents and officers, including the power of appointing and removing such agents and officers; subject however to such by-laws, rules and regulations as may be enacted by the board of visitors in the manner hereinafter mentioned.

5. The faculty shall once a year, or oftener, examine candidates for degrees, and may confer the degree of Doctor of Medicine upon such candidates as, having attended two full courses of medical lectures, one of them at least at the college, and having been thoroughly examined by them, and complied with such other regulations as may be adopted by the faculty, shall be deemed by them worthy of that distinction.

6. There shall be a board of visitors, nineteen in number, composed of the following persons and their successors, viz: Charles W. Russell of Wheeling, Wyndham Robertson of Abingdon, Robert Grattan of Rockingham, Dr. Francis T. Stribling of Augusta, Dr. William D. McGuire of Clarke county, John S. Barbour, jr. of Culpeper, Hunter H. Marshall of Charlotte, Stephen O. Southall of Prince Edward, Dr. George L. Nicolson of Middlesex, Dr. Beverley R. Wellford of Fredericksburg, Dr. Jesse J. Simpkins of Norfolk, Dr. Levin S. Joynes of Accomack, Thomas Wallace of Petersburg, Willoughby Newton of Westmoreland, James A. Seddon of Goochland, and John M. Patton, Dr. Robert H. Cabell, James Lyons and William H. Macfarland of Richmond city.

7. Ten members of the board shall constitute a quorum. The board shall fill vacancies occurring from any cause in their own body; but if at any time their number be reduced below that which is necessary to form a quorum, then the vacancies shall be filled by the circuit court of the city of Richmond, or such other court as may succeed to its chancery jurisdiction, either upon a bill filed in the name of the corporation hereby created, in which the attorney general shall be made a defendant, to defend the interests of the commonwealth, or upon a bill filed by the attorney general against the corporation: the costs of which proceeding shall be paid by the faculty.

8. The board of visitors shall meet as soon as convenient after this act takes effect, for the purpose of appointing the professors, and transacting any other business; and after such first meeting, they shall meet once a year, or oftener, if the

occurrence of a vacancy in the faculty shall render it proper. All such meetings shall be held at the college, and the necessary expenses of those visitors not residing in Richmond, who attend such meetings, shall be paid by the faculty. The board shall appoint a secretary, who shall keep a record of their proceedings, and shall be allowed a salary, to be fixed by the board and paid by the faculty: such salary not to exceed one hundred dollars per annum, without the consent of the faculty.

9. The college and its affairs shall be subject to the superintendence of the visitors, who shall at all times be allowed access to the records of the faculty, their lectures, and the buildings and property of the college; and the board of visitors may at any time require from the faculty any information about the affairs of the college, which it may be in the power of the faculty to communicate. The board may also adopt any by-laws, rules and regulations for the good order and government of the college, its professors, teachers, officers, agents and students, which they may think fit: provided, that the faculty shall not be thereby put to any expense, nor their fees reduced below their present amount, without their consent; and the board shall not only have the power of appointing professors, given by the third section, but may remove any professor for any cause which may seem to them sufficient, twelve visitors at least concurring in the removal: provided, that the cause or reason of such removal, and the ayes and noes on such vote, shall be entered on the record of the board, and that the professor sought to be removed shall have had reasonable notice in writing of the specific charges against him, and an opportunity of being heard in his defence by proof and argument in open session of the board.

10. The board of visitors and the faculty shall each make an annual report to the second auditor, such as is required by the 12th section of the 83d chapter of the Code.

11. Process against the corporation hereby created shall be served upon the dean of the faculty; or, in his absence from the city of Richmond, upon some visitor or member of the faculty within the said city.

12. This charter may be at any time modified, altered or repealed, at the pleasure of the general assembly.

13. This act shall take effect and be in force from the time that it is assented to by resolution of the present faculty of the Medical College at Richmond; which resolution shall be entered upon the record book required by the fourth section of this act.

This was passed by both houses of the legislature, after receiving the following amendments:

Section 7 was stricken out, and the power of filling *vacancies in the board of visitors reposed in the governor of the state.*

And a clause was appended to the bill, declaring that, in its passage, the legislature *did not design any reflection on the board of trustees of Hampden Sidney College, or on their medical faculty.*

We publish the preceding without comment, for the purpose of informing our readers in regard to a legal enactment having an important bearing upon the subject of medical education, and upon the interests of the medical profession of the state.

B.

Extirpation of Uterus and Ovaries.

In the January No. of Nelson's American Lancet, a case is reported of extirpation of the *Uterus* and *Ovaries*, for sarcomatous disease. The operation was performed by Dr. Walter Burnham of Lowell, Mass. After a careful examination by the operator and other medical gentlemen, who were present and assisted at the operation, the conclusion was reached, that "it was merely disease of the left ovarium." It was not until after an incision through the abdominal parietes had exposed the full extent of the tumor, that the uterus itself was found to be implicated in the disease; "occupying and filling the pelvis literally full." The different steps of the operation are described, and the treatment which the circumstances of the case demanded. The case terminated happily. The doctor however remarks, that "although this case terminated favorably, I would not easily be induced to make another attempt to extirpate the uterus and ovaries, or even to remove the uterus under almost any condition; and the operation should never be attempted without due consideration of the consequences of submitting a patient to such formidable risk." In this sentiment, we need hardly observe, the profession throughout the land will most heartily concur.

Post Partum Hemorrhage.

The New Jersey Medical Reporter opens with a paper on this form of uterine hemorrhage, from the pen of Dr. William Johnson. The point which he endeavors to elucidate, we deem of sufficient importance to be noticed. As the writer remarks, the peculiar condition of the uterus giving rise to hemorrhage, is seldom or not at all alluded to by the many authors who have written upon this subject. Dr. Ramsbotham, however, in his work on the "Process of Parturition," does "advert to this peculiar form of hemorrhage;" and he has also published several cases which have more recently been met with.

But to the point in question, and we cannot do better than to quote from the paper itself. "The placenta has been expelled; the uterus feels firmly contracted to the hand; there may be or there may not be pain; sometimes, however, the pain is as intense as the throes of labor; and with this condition of the uterus there is hemorrhage—sometimes extremely profuse."—"Now, this condition of uterine contraction, with profuse hemorrhage, is every way calculated to puzzle and embarrass the young practitioner. He recognizes in the firm contraction and hardness of the uterus, and sometimes even diminished size of the organ, that very condition which the high authority of Dr. Dewees assures him insures the safety of the patient; and yet she is bleeding to death." He then asks, what is here the real pathological condition of the uterus? "It is simply this: some part of the internal surface of the uterus is coated with a firm, fibrinous deposit from the effused blood, which is so firmly adherent that the most violent uterine contractions are insufficient for its dislodgment. Such is the explanation given by Dr. Ramsbotham; and he states that he has seen a mass of this fibrinous deposit, which had been so adherent to the uterus that the greatest portion of the red globules had been squeezed out by repeated uterine contractions, so that the mass was almost white.

The presence of this fibrinous deposit is abundantly sufficient, in Dr. Johnson's opinion, to account for the excessive

pain which attends these cases, but not sufficient to account for the enormous hemorrhage which is sometimes seen. To account for this latter symptom, he proceeds to remark, that "the uterus in this affection is somewhat in the state in which we find it in cases of encysted placenta—of hour-glass contraction. There is in these cases irregular but firm contraction of the uterus—often severe pain and profuse flooding. Some fasciculi of muscular fibres are acting inordinately; others are quiescent; a large portion of the uterine vessels over which the placenta was implanted are patulous, and pouring out blood profusely from that portion of the uterus not subjected to contraction; whilst in that portion in which contraction is vigorous, there is occlusion of the vessels." This explanation, the doctor admits, is "mere speculation;" it is plausible enough, however, and whether true or false, will not at all influence the means necessary to arrest hemorrhage.

The proper method to effect this, is to introduce the hand into the uterine cavity, and remove the offending deposit. After this has been thrown down into the vagina, gentle friction may be made within the cavity, the left hand being placed upon the abdomen to facilitate the operation. By this means, uterine contraction is more effectually secured. We need scarcely add, that the administration of ergot, together with the use of abdominal frictions, cold applications, &c., are not to be neglected.

Sponge Pessaries.

Dr. A. P. Merrill, in the last number of the Memphis Medical Recorder, speaks very highly of the use of sponge pessaries. He does not limit their employment simply to cases of prolapsus uteri. Believing that engorgement of the cervix, together with consequent ulceration, is often the *effect* of prolapsus, he is certain that he has seen both these attendant

conditions relieved by a simple though permanent reposition of the organ. He thinks that permanent cures are rarely effected by the application of caustic and astringent agents.

After preparing the sponge properly, a piece of twine is passed through its smaller end in order more easily to effect its withdrawal; it is then smeared with mucilage to facilitate its introduction.

The patient herself will soon learn how to use it.

Nitrate of Silver in the treatment of Phlegmasia Dolens.

In the Western Lancet, Dr. Thomas Wood relates a case of this disease, in which nitrate of silver was advantageously employed. "A solution of one drachm to the ounce of water was directed to be applied with a camel hair pencil to the entire limb, and to be extended up to the left iliac and left half of the hypogastric regions. On my second visit, about twelve hours after the application of the nitrate of silver, the pain had entirely subsided and pressure could be borne without complaint on all points that had previously been so sensitive. The entire surface where the solution had been applied, was completely vesicated; and on puncturing the raised cuticle at several points with a lancet, a white fluid closely resembling human milk, escaped freely from the punctures. The tension and heat of the limb were also very much abated. From this time the swelling gradually subsided from above downwards, reversing the order of its progression, until it disappeared."

☞ Contributors will confer a favor by not backing their pages, and by writing their recipes—and in fact *all* words and phrases not English—EXTREMELY PLAIN. This will particularly accommodate the printer and insure ACCURACY.

THE AMERICAN MEDICAL MONTHLY.

The first two numbers of this new journal have reached us. It is conducted by a corps of seven gentlemen, the professors in a new medical school in New York, who have assumed the double duty of teaching the youthful aspirant for medical honors and the veteran in practice. A noble opportunity is thus afforded of rendering most efficient aid to the National Medical Association in its efforts to reform the present defective system of medical education. This the title of the journal seems to indicate, and some expressions in the "salutatory" seem to imply. We should be most happy to find the New York medical school a truly national school, and the Americal Medical Monthly a truly national medical work.

It is published by Putnam of New York, in his usual elegant style, at $3 per annum.

TARIFF OF FEES, ETC., ADOPTED BY THE PHYSICIANS OF POWHATAN COUNTY, VIRGINIA.

In pursuance of a call previously made, the physicians from the adjacent country convened at Powhatan court-house on the 1st day of August 1853, for the purpose of adopting a tariff of fees, a code of ethics, and such resolutions as might be considered advancive of the harmony, elevation and general interests of the profession.

On motion, Dr. Joseph Michaux was called to the chair, and Dr. J. Lewis Dorset appointed secretary.

After due discussion and deliberation, the following tariff of fees was adopted:

MEDICAL.

Visit at home, or in a village, - -	$1
Visit any farther, and under 6 miles, -	$2
Visit 6 to 8 miles, - - - -	$2 50
Visit 8 miles, - - - -	$3
Visit over 8, and up to 12 miles, increased per mile, at the rate of - - -	50c.
Visit over 12 miles, at the discretion of the physician.	
Visit after 10 o'clock at night, at home or in a village, - - - -	$2 to $4

Visit after 10 o'clock at night, other than at home or in a village, double the day charge.	
Transient visit immediately on the way, -	$1
Attendance during the entire night, with rest,	$5
Attendance during the entire night, without rest, - - - - -	$10
Consultation fee to the consulting physician,	$5
Prescription for every other patient besides the one visited, - - - -	$1
No charge, however, to be made for visit and prescriptions in families during one visit, over - - - - -	$10
For detention the entire day, - -	$15
For detention, per hour, under 24, - -	75c.
No charge to be made for medicine, less than	25c.
Pills and powders, from - - -	50c. to $1
Extemporaneous mixtures or solutions, tinctures, liniments, officinal preparations, blistering plasters and ointments, -	25c. to $1

SURGICAL.

For venesection, or extracting tooth, -	$1
For cupping or leeching, - -	$2
For opening abscess, - - -	$1 to $2
For extirpating tumor, - - -	$5 to $50
For extirpating cancerous mamma, -	$25 to $50
For extirpating uvula, - - -	$5
For extirpating tonsils, - - -	$10
For extirpating testicle, - - -	$20 to $50
For extirpating eye, - - -	$50 to $100
For extirpating polypus, - - -	$5 to $25
Amputation of finger or toe, - -	$10
Amputation of arm or forearm, - -	$20 to $30
Amputation of leg or thigh, - -	$20 to $50
Treating fractures of finger or toe, -	$5
Treating fractures of arm or leg, - -	$15 to $20
Treating fractures of thigh, - -	$25
Treating fractures of clavicle, - -	$15
Reduction of luxations, to be charged as fractures—extraordinary cases, - -	$25 to $50
Paracentesis abdominis, - - -	$10
Paracentesis thoracis, - - -	$25 to $50
Operations for ranula, - - -	$5 to $10
Operations for hydrocele, - - -	$10
Operations for fistula in ano, - -	$20 to $50

Operations for strangulated hernia, - -	$25 to $100
Operations for cataract, - - -	$20 to $100
Operations for stone in the bladder, -	$50 to $100
Operations for hemorrhoids, - -	$10 to $20
Reducing hernia by taxis, - - -	$5 to $20
Application of trephine, - - -	$20 to $50
Establishing issues, - - -	$2 to $5
Securing arteries, - - - -	$5 to $100
Introduction of catheter, first time, - -	$5
Subsequently, to the same patient, - -	$3
Administering enema, - - -	$3
Dressing wounds, - - - -	$1 to $10
Treating strictures of urethra, - -	$50 to $100
Treating syphilis, - - - -	$20 to $40
Treating gonorrhœa, - - -	$10
Introduction of pessary, - - -	$5
Examination per rectum or vagina, -	$5
Tapping bladder, - - - -	$20 to $50

The foregoing charges for surgical operations are exclusive of visits and medicines.

OBSTETRICAL.

Delivery, exclusive of visit and attendance,	$20
Delivery of placenta, where you did not deliver the child, - - - -	$10 to $15
Attendance upon a patient in labor, without officiating, - - -	$10
Attendance on obstetrical cases over 12 hours, per hour, in addition to the above charge, - - - - -	50c.

The following resolutions were adopted:

Resolved, that we adopt the Virginia code of medical ethics.

Resolved, that we will not consult with any physician, who will not strictly conform to all the requisitions of said code.

Resolved, that inasmuch as it does not accord with fair competition, nor comport with the dignity of the medical profession, we will not practice in families BY THE YEAR, excepting operatives in pits, families connected with them, and laborers upon public works.

Resolved, that these proceedings take effect from the 1st of January 1854, and that the Stethoscope be requested to publish them.

JOSEPH MICHAUX, *Pres't.*

J. LEWIS DORSET, *Sec'y.*

J. G. SKELTON, M. D.
J. V. HOBSON, M. D.
J. W. WALKE, M. D.
J. W. BRYANT, M. D.
W. T. TURPIN, M. D.
R. W. NELSON, M. D.
W. H. HENING, M. D.
G. W. TINSLEY, M. D.
A. S. McRAE, M. D.
R. P. GRYMES, M. D.
S. A. HOBSON, M. D.
R. B. HOBSON, M. D.
M. E. BANISTER, M. D.

OBITUARY.

Dr. Hester, late editor of the New Orleans Medical and Surgical Journal.

Dr. Samuel McClellan of Philadelphia.

LIST OF PHYSICIANS IN VIRGINIA.

Members of the Medical Society and others will confer a favor, by making accurate lists of physicians practicing in their neighborhoods and sending them to the subscriber. The next annual meeting of the society will be a very convenient occasion for sending them to Richmond.

JAMES BOLTON,
Treas'r of the Medical Soc'y of Va.

EXCHANGES.

Quarterly Review of the Methodist Episcopal Chuch South, Richmond, Va.

Southern Presbyterian Review, Columbia S. C.

TO APOTHECARIES, MANUFACTURERS OF SURGICAL INSTRUMENTS, ETC.

The Medical Society of Virginia will hold its annual meeting on the 4th of April next, at the society's hall in Richmond, Virginia. It is proposed to hold a fair of surgical and philosophical instruments, pharmaceutical preparations, &c. All who may wish to exhibit articles on that occasion, will please send them to Richmond, to the care of the chairman of the committee, Dr. Bolton, or deliver them at the society's hall, on Main street, over Alexander Duval's apothecary store, on or before the 1st of April next.

JAMES BOLTON, M. D.
W. W. PARKER, M. D.
W. B. PLEASANTS, M. D.
JNO. P. LITTLE, M. D.
NATH'L F. RIVES, M. D.
Committee.

TO THE MEDICAL MEN OF VIRGINIA.

The Medical Society of Virginia having made ample preparation for the permanent establishment in the city of Richmond of a library, pathological museum and herbarium, the subscriber, as librarian and curator, respectfully solicits contributions to the library, museum and herbarium, from members of the society, the profession and others favorably disposed towards scientific pursuits in the state. Copies of medical and other scientific works from authors and publishers elsewhere will be duly acknowledged and thankfully received.

Articles so destined can be sent to the office of the undersigned, S. E. corner of Marshall and 7th streets, or left at the hall of the society on 12th street, between Main and Cary streets, over Alexander Duval's drug store.

PETERFIELD TRENT, M. D.

Feb. 1854.

CIRCULAR.

The seventh annual meeting of the American Medical Association will be held in the city of St. Louis on Tuesday, May 2, 1854.

The secretaries of all societies, and all other bodies entitled to representation in the association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed; and it is earnestly desired by the committee of arrangements that the appointments be made at as early a period as possible.

The following are extracts from art. 2 of the constitution:

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"Delegates representing the medical staffs of the United States army and navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers.

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the constitution at the last annual meeting of the association held in New York in May 1853.

E. S. LEMOINE,
One of the Secretaries, St. Louis.

The medical press of the United States is respectfully requested to copy the foregoing.

Case of Anomalous Menstruation.

Dr. Thomas was requested to visit a young married girl Oct. 14th, 1853, said to be dangerously ill with an alarming hemorrhage from the bowels. During the evening of the preceding day (Thursday) she had passed by stool a large mass of semi-fluid blood, without having felt any previous pain, bearing down, or manifest local disturbance. For several days she had experienced much fullness and flushing about the head and face, with some distress in the præcordial region. In the course of the night a second discharge occurred, followed in the morning of Friday by a third. The latter was a large clotted mass that would have nearly filled a quart measure. Saturday morning there was a smaller discharge, and Sunday morning another, still less in amount; after which, all hemorrhagic symptoms disappeared. Her general condition was much relieved by the flow. At this time, the patient was in the seventh month of pregnancy. Her previous history was as follows: In December 1852, she aborted at the third month. In January, February and March of the present year, she menstruated regularly. Again becoming pregnant, her menses disappeared, and there was no appearance of anything of an abnormal character until July, the fourth month of pregnancy. At which time there was a bloody discharge *per anum* for two or three days, supposed to be of a dysenteric nature, notwithstanding the entire absence of tormina, tenesmus, and local irritation. About the same periods in August and September (the fifth and sixth months) similar discharges took place, and always from the lower bowel. The history of its return at the seventh month has been given above. In November she described herself as having been regularly "unwell," the flow from the vagina lasting five days. She was delivered under Dr. Thomas' care, in December, of a healthy female child, at full term.

Without offering any opinion as to the true character of these discharges, or drawing any inferences in favor of preconceived views of menstruation, this case is reported as furnishing a most singular coincidence of bloody dejections from the rectum with the periods of regular menstruation. It will be observed that prior to the fourth month there was no appearance; but from the fourth to the seventh, the flow took place from the rectum, and at the eighth, from the vagina.

Trans. Col. Phys. Phila.

Meteorological Tables for Richmond, Virginia---By D. Turner, Principal of Classical School.

Hours of Observation, 6 *A. M.*, 2 *P. M.*, 10 *P. M.*

Month.	Year.	BAROMETER, (172 feet above low tide.) Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Day of maximum.	Minimum.	Day of min.	Range.	FORCE OF VAPOR. Millimetres. Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Minimum.	RELATIVE HUMIDITY. Saturation—100. Mean.	6 A. M.	2 P. M.	10 P. M.	Minimum.	Saturations.	Fogs.	Lun. halos.	Sol. halos.	Aurora borealis.	Day of first frost.
December,	1850,	29.963	29.974	29.944	29.963	30.403	24	29.086	23	1.317	–	–	–	–	–	–	–	–	–	–	–	–	3	2	0	0	
"	1851,	29.976	30.001	29.944	29.984	30.488	27	29.425	15	1 063	–	–	–	–	–	–	–	–	–	–	–	–	3	0	0	0	
"	1852,	29.922	29 942	29.909	29.914	30 458	22	29.459	17	.999	6.6	6 7	6.5	6.8	13.1	2.7	82	91	70	85	28	11	4	0	0	0	
"	1853,	29.833	29 848	29.808	29.843	30.344	21	29.071	17	1.273	4.8	4.4	5.0	5.0	8.1	2.0	73	84	57	79	24	7	1	1	0	0	
	Means.	29.923	29.941	29.901	29.926	30.423	–	29.260	–	1.163	5.7	5.5	5.8	5.9	10.6	2.3	77	88	63	82	26	9	3	½	0	0	

Month.	Year.	THERMOMETER. Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Day of maximum.	Minimum.	Day of minimum.	Range.	At 32° or below.	Temp. of James river.	Temp. of byd. water.	WINDS. Observations. N.	NE.	E.	SE.	S.	SW.	W.	NW.	No wind.	Strong winds.	High winds.	Gales.	CLOUDINESS. From 0 to 10. Mean.	6 A. M.	2 P. M.	10 P. M.	WEATHER. Clear days.	Cloudy days.	Variable.	Rainy days.	Th. showers.	Inches of rain and melted snow.	Inches of snow.
December,	1850,	44 3	39.4	49.9	43.6	65	3	23	14	42	8	–	–	4	12	2	8	7	26	15	1	18	1	1	1	5.2	5.1	5.8	4.7	6	9	16	14	0	5.020	2.50
"	1851,	36.7	30.2	44 3	35.6	65	31	8	19	57	22	–	–	4	7	3	4	15	20	2	21	19	1	0	0	4.2	4.4	4.1	4.2	7	5	19	9	1	1.640	3.30
"	1852,	45.6	41.0	51.7	44.0	65	20	29	29	36	5	–	–	5	16	1	0	10	38	8	12	3	3	0	0	5.8	5.7	6.3	4.5	3	9	19	16	1	5.479	0.00
"	1853,	38.6	33.4	45 8	36 5	68	6	19	24	44	15	–	–	49	15	7	0	5	13	12	11	27	3	5	1	0	3.7	3 8	4.4	3.0	8	4	19	6	0	0.990	2.00
	Means,	41.3	36.0	47.9	39.9	66	–	20	–	45	12	–	–	7	11	1	4	11	24	9	15	11	2½	½	¼	4.7	4.7	5.1	4.1	6	7	18	11	⅓	3.282	1.95

December 1853.

The rain on the 2d, .11 inch, began 6½ P. M., ended 12 P. M. Wind very slight from SE. But little depression of the mercury.

Thermometer—40° at 10 P. M.

The rain on the 17th, .21 inch, began 6 A. M., ended 7 P. M. Wind from the S. and SE. Great depression of the mercury, being at 29.071 inches at 10 P. M. The equilibrium was restored by strong wind from the W. and NW. next day.

The rain on the 22d, .07 inch, began 4 P. M., ended 3 P. M. on the 23d, at which time the mercury was lowest, 29,380 inches. The wind, which during the rain had been from the S., now (3 P. M. on the 23d) commenced blowing strong from the W. At 6½ P. M. it changed to the NW. and blew a gale till late in the night, bringing the mercury to 30.030 on the morning of the 24th.

Thermometer—On the morning of the 23d was at 42°; on the morning of the 24th at 19°.

This was a violent gale along the Atlantic coast; very severe in the Gulf of St. Lawrence. The steamer could not land at Aquia Creek on the night of the 23d. This gale will be long remembered as the one in which the steamer San Francisco was wrecked.

Snow on the 28th. .50 inch snow (.10 inch water) began 12 A. M., ended 6 P. M. Wind E. NE. and N. Mercury lowest 10 P. M., 29.290 inches. Equilibrium restored by strong wind from NW. the next day.

Snow on the 30th. 1.50 snow, (20 inch water) began 3 A. M., ended 6 P. M.

ANNUAL MEETING OF THE MEDICAL SOCIETY OF VIRGINIA.

The thirty-first annual meeting of the Medical Society of Virginia will be convened in the society's hall, in the city of Richmond, on Tuesday, April 4, 1854.

P. CLAIBORNE GOOCH,
Secretary.

NEW CAUSTIC FOR MALIGNANT ULCERATIONS OF THE FACE.

Cazenave has employed successfully, in two cases of malignant ulceration of the face, a paste made from sulphuric acid and powdered saffron.—*Southern Med. Sur. Jour.*

Cod Liver Oil.

BY EDWARD H. ROBINSON, OF NOVA SCOTIA.

Cod liver oil is derived from several species of the gadus family, which frequent the northern Atlantic ocean, in all parts where the climate is cold, or temperate, and where a sufficiency of its proper food may be found.

The great bank of Newfoundland, extending for many miles from shore, and abounding in food of a suitable kind, affords the most agreeable resort to these animals. They are found there in vast shoals at all seasons of the year, though more abundantly from about the beginning of June till the latter part of November, at which season the supply of their peculiar food (which is the cuttle fish,) is most plentiful. They likewise inhabit the bays and shores of Nova Scotia, New Brunswick, and of the northern states of the Union, affording to the inhabitants of those parts, not only an inexhaustible supply of wholesome, nutritious, and palatable food, but also the procuring of them for the supply of the world, gives employment to many thousands of persons, who otherwise would scarcely be able to obtain the necessaries of life, from the barren and rocky nature of the country they inhabit.

There are several varieties of the gadus tribe which afford the oil of commerce. Gadus morrhua, or the common cod, is the species from which the officinal oil is procured. This fish is from two to five feet in length, the head being rather large in proportion to the body; the back is spotted, and covered with small, shining scales; the head is smooth, and without scales. This species, besides furnishing the officinal oil, is the most valuable as an article of commerce.

The other varieties affording the oil of commerce are the gadus pollachius or *pollock*, gadus merluccius or *hake*, and gadus æglifinus or *haddock*. All of the latter varieties frequent the same waters. As they subsist upon the same food, and as the fishermen are not generally particular in separating them, the oil derived from all is thrown into one common reservoir. The haddock, however, frequents the shores, and is seldom obtained far at sea; the oil derived from this species, is, therefore, principally confined to the shore oil. The oil is derived from the livers only. There are several varieties, the difference in quality depending, in some measure, upon the locality from which the fish are obtained, though principally upon the mode of manufacture. Of the three varieties found in the market, the white is deservedly

the most prized. The method of obtaining this oil, upon the shores of Nova Scotia, is as follows:

The fish are obtained within from one to five miles from shore, and if the day be favorable the fisherman fills his boat, (which is small,) at least twice during the day. As soon as the boat is filled, they are taken on shore, and handed over to women and children, who split the fish for drying, carefully putting the livers into a clean tub, or some other article used for the purpose. All the fish being thus prepared, and spread on sheds to dry, the livers are carried to a cool place, where they are kept till evening, by which time another boat load of fish has generally been obtained. Treating this second lot as the first, the livers are now all put together in a large shallow vessel of iron, usually about five feet square, and three in depth, which vessel is again inserted into another, and larger, which is set into masonry, and partly filled with water. A fire is then kindled under the outer vessel, and kept burning until the greater part of the oil has been separated from the livers. The fire is then extinguished, and when cool, the oil is dipped out, and introduced into new or clean casks. What oil remains in the livers is now pressed out; but not being of as good quality as that made without pressure, it is put into a separate cask, constituting an inferior quality. The casks containing the oil are now put into a cool place, and left undisturbed for five or six days; at the end of which time a considerable sediment has fallen, leaving a pure oil on top, which is carefully drawn off, and put into other casks: the oil is now fit to be sent into the market. This constitutes the best quality of cod liver oil. The color of this variety is a pale yellow, having a specific gravity of 920°; has a slight fishy taste, though not very disagreeable to most persons; and of all the varieties is least liable to sicken the stomach. In some parts where the fisherman is too poor to purchase the water bath, the fresh livers are put into a common iron pot, used for domestic purposes; moderate heat is then applied. As soon as the livers are somewhat broken down and softened, they are taken from the pot and introduced into a coarse canvass bag, and by pressure the greater part of the oil is forced out. This variety is not of quite as fine quality as that made with the steam bath; the color is rather darker, has a slight empyreumatic taste, and is apt to leave a peculiar burning sensation in the fauces, when swallowed, which is perceptible some time after. Another variety, of an inferior quality, is made in larger vessels, which remain at sea for weeks together, without going to the shore. The method of obtaining this variety is as follows: As fast as the fish are

caught and dressed, the livers are thrown into barrels placed on deck, the tops of which remain uncovered. The livers are exposed to the action of the sun's rays; decomposition soon ensues, and the oily matter separates. That part which first rises to the top is skimmed off and put into a separate cask. The color of this variety is yellow, approaching to a brown. The taste is decidedly fishy; is much more disagreeable than the shore oil; and is more liable to produce sickness of stomach. This variety is commonly known as Straits oil. The commonest variety of all is made from the remnants of the casks, from which the Straits oil has been drawn. In this variety complete putrefaction has taken place. It is of a very dark color, has an extremely offensive smell, and is more disagreeable than the other varieties. This is known as Banks oil.

The chemical composition of cod liver oil is extremely complex, containing in a hundred parts about sixty per cent. of a compound composed of a peculiar brown substance—gaduine—in combination with oleic acid. From the great pertinacity with which this substance adheres to the oleic acid, it is with great difficulty separated. It is a peculiar dark brown substance, hard and brittle when dry; is insoluble in water, though partly so in ether and alcohol. Sulphuric acid readily dissolves it—producing a beautiful red color. Its chemical composition is C^{25} H^{23} O^{9}. Cod liver oil also contains about sixteen per cent. of margaric acid; nine per cent. of glycerin; a small proportion of butyric, acetic, phosphoric, and sulphuric acids; besides traces of iodine, bromine, iron, lime, soda and magnesia. Iron is found in the brown oil only, derived, it is said, from the iron vessels in which it is manufactured. This statement appears doubtful to me, as large quantities of the paler oils are also prepared in iron vessels. The brown oils contain a larger amount of butyric and acetic acids than the pale. On the other hand, the pale varieties contain a larger proportion of soda, magnesia, lime and iodine. The reason ascribed for the greater quantity of salts being found in the pale varieties is, that this part being first separated from the livers, dissolves, and carries with it the soluble salts.

In regard to the relative value of the different varieties of oils for medicinal purposes, physicians differ. Some imagining they had seen better effects derived from the brown oil than from the white. Others again could perceive no difference. Experience seems to show that the pale oils are quite as effectual, and possess the very great advantage of being much less disagreable to the palate, and less liable to produce nausea when swallowed. Another objection to the pale oil by

some persons is, that being derived mostly from the shore fisheries, it is more mixed up with oil derived from the gadus pollachius or pollock. This, however, need scarcely be an objection, as it is now generally admitted that it is not necessary that the oil should be derived from the gadus morrhua alone, as the oil derived from all the varieties of this family possesses the peculiar medicinal properties in nearly, if not quite an equal degree.

As the oil used for medicinal purposes brings a much higher price than the ordinary fish oils, a great temptation is held out to the fisherman and dealer in oils to adulterate the officinal article with the common train oil, which is composed of a variety of oils derived from fish, which are generally not used as an article of food by man.

Porpoise and seal oils are the varieties most frequently used as the article of adulteration. Lard oil is also said to be used for the same purpose. No very certain method of detecting these adulterations has yet been discovered. Probably the best and surest means of discrimination, is a peculiar odor, identical with that of shoe leather, which is perceived in the genuine article. Sulphuric acid is also a valuable test. When added in a concentrated form it produces a beautiful violet color, which soon changes to a brown, and finally a black color. This effect is also produced on the common varieties of fish oil, though not in the same degree; the violet color being much less distinct, and becoming brown sooner than in the genuine article. Taste also affords a ready means of discovering the genuineness of the article to persons accustomed to its peculiar flavor.—*Am. Jour. of Phar.*

Retention of the Menses simulating Pregnancy.

BY HECTOR PELTIER, M. D.

Ed., Professor of Institutes of Medicine, Montreal School of Medicine, Physician to the Hotel Dieu, &c.

As I believe that every physician is bound to bring before the profession any practical case of interest which comes under his observation, I take the liberty of submitting the following:

A young lady, 20 years old, after exposure to cold and getting her feet wet, whilst her menses were upon her, was suddenly seized with rigors, followed by a little fever and arrest

of the discharge. She, however, did not pay attention to this. She remained three months without menstruating, when I was called in to set all right. Now, as the period for the customary appearance had elapsed, I waited until the next monthly period.

I must remark that since the age of fourteen, when menstruation began, she never experienced anything of the kind, though she said, (and unfortunately many young girls are too confident on this point,) that she had often got her feet wet without the least inconvenience supervening. At this time, the fourth month, the abdomen was somewhat voluminous, in fact, looking very much as it does at the fourth month of pregnancy. The young girl, who before the stoppage was inclined to become stout, lost flesh, as also happens in similar periods of pregnancy.

My confidence in the education and moral character of the young lady, kept me, through false delicacy, from asking any question, or making any examination, which might have given me, probably, a decided opinion of the case. I say *probably* and not *surely*, because I was aware of many cases where, in similar circumstances, examination per vaginam had been made by the most experienced and skilful physicians and accoucheurs, and gross blunders had been the result of giving a decided opinion.

I will presently relate a few cases, to point out why I did not make the said examination, though I must confess it ought always to be made, but the physician should be reserved as to his diagnosis. However, I resolved, without any examination per vaginam, to give her a few emmenagogues, such as absinthe, and four pills of myrrh, aloes and asfœtida, two in the morning and two at bedtime, for three consecutive days. This had no more effect than it would have had upon an old woman past 50. As I had failed, I did not wish to continue any harsh treatment. I waited until the fifth month. At this period, the mother, though full of confidence in her daughter, began to fear that something wrong might have happened. The abdomen had become larger, and gave all the outward appearance of pregnancy. This time I gave no remedy, leaving nature to her course, and assured the mother that there was no pregnancy. Yet, to say the truth, I began to fear that I might have given a too decided opinion. As I am speaking to practitioners, they will at once understand that difficult position in which the physician is placed in similar circumstances, and what blunders have happened from a too hasty opinion.

Between the fifth and sixth month there was bleeding from the nose. This circumstance confirmed me a little more in my belief of simple suppression of menses. I had not yet given any attention to what might be the case, if not that but pregnancy.

At the six monthly period I repeated the same emmenagogues, and advised driving out instead of walking, as heretofore. All this was of no avail. The mother was very uneasy on account of remarks frequently made as to her daughter's appearance. As she could not go out walking or driving in town without her appearance calling suspicion, I recommended then the country air, expecting that there, by plenty of exercise, menstruation might reappear. At the seventh monthly period I did nothing and left all to nature.

There was no change during these seven months worthy of attention, except the volume of the abdomen continually increasing, the bleeding from the nose, and occasional pains in the back, and sick stomach.

The eighth month came, and all in same state.

On the 8th October last, in the afternoon, I was sent for hurriedly. The mother was in an awful excitement—the father had left the house, after having given his malediction to his daughter. The girl herself was very anxious, but was calm under the trial. As I entered the room, the sofa and the floor underneath were covered with what appeared a viscid fluid, like dissolved gum Arabic, and also a very great quantity of clotted blood. She was pulseless, in an extremely weak state. My anxiety was exceedingly great. I had no time to loose; therefore, I introduced my hand in the vagina, but could not succeed in entering even the finger through the os tincæ. The blood through the small aperture, was continually flowing, and the abdomen became quite flat. I remained for two hours near the patient, and during that time she rallied so much that she considered herself as well as ever. To the touch, the neck of the uterus was extremely hardened, and retaining nearly the same shape as if the uterus had not been expanded. The after treatment of such a perplexing case was very simple. I ordered a nutritious diet twenty-four hours after this occurrence; injections of cold linseed tea per vaginam to relieve the induration of the neck of the uterus. It was indeed relieved, and the flow of blood continued for eighteen days afterwards. Since then, her menses have reappeared regularly and her health is perfect.

This flood took place 8½ months from the last appearance of the menses.

Remarks.—Now, of what nature was the case? Certainly there was induration of the cervix uteri and os tincæ, which kept the blood blocked up.

If I had not been so delicate and had made an examination, the induration would have been recognized, removed, and the reappearance of the menses would have been the consequence. It was a case of retention of the menstrual blood which, no doubt, at each monthly period, was furnished by the uterus, and made the abdomen gradually increase in volume. As to the viscid fluid mixed with the blood, it was the serum of the blood, which, by being retained in utero, became a little more thickened and produced the vicosity. This fluid might also have contained fibrin, which, as we now know, is given out at each monthly period, and separated from the arterialised blood.

An hydatid, it could not be, since it was not water alone which flowed from the uterus, but also because hydatids take a longer time to form such a mass as to impose for pregnancy.

I submit the foregoing case to the reflection of my fellow-practitioners. I have given all the circumstances of the case to show how much a physician, from the youngest to the oldest, must be on his guard before he does give a decided opinion.

I will now illustrate the foregoing remarks by a few cases which have happened, and are a warning against the presumption of deciding too hastily.

1. A German princess, advanced in years, had arrived at the term of the cessation of menstruation. The uterus and breast were enlarging daily. She consulted her physician, an accoucheur and others. They all thought her pregnant, and all the preparations for delivery were made. She passed an enormous quantity of water per vagninam, and the uterus instantly recovered its normal state. The above case is taken from the work of the celebrated P. Frank.

2. I was summoned in consultation, seven years ago, to see a woman, 42 years of age, who had such an enormous abdomen, that any one, not professional, could only believe that a tumor was the cause of its appearance. Many medical men had been called before, and some of them pronounced her pregnant. She, however, menstruated periodically. She had been married many years to a first husband, from whom she had no children. She married a second time, when 39, to a young man, most robust and athletic, and expected, in finding her abdomen increasing, to become a mother. However, her expectations have not been realized until now, for she is yet living and enjoying good health, with her abdomen as large as

ever, and not a mother. When called, I made a minute examination, and concluded, from the history of the case, that an hydatid was the cause of the present state of the abdomen. Angry against herself and her second husband for not being pregnant, and also for the ridicule which she obtained for not hiding her unsuccessful wishes, she would not submit to any treatment. The diagnosis remains to be solved as to its being a hydatid; but what is sure is, that it has never been and never will be a case of pregnancy.

3. Every one has heard of the case of Lady Flora Hastings, maid of honor to Queen Victoria, who had been pronounced as pregnant by some celebrated physicians and accoucheurs of London. She could not live after such a verdict. She died of grief. A post-mortem examination was made, and to the amazement of all, there was no pregnancy, nor even any sign of defloration.

4. A most respectable clergyman, and of high standing in the English church, left England with his daughter for America. He consulted, when in England, two physicians as to the state of his daughter, whose abdomen became enlarged, and also the breasts increased in size. The both, after consultation, declared that the young lady was pregnant. The father, aggrieved by such imputation, decided upon coming to America. The daughter, on board the steamer, became ill, and consulted the physician, who, like the two others, declared to the father that she was pregnant. When they arrived in New York, they consulted Professor Bedford, certainly one of the most eminent physicians and skillful accoucheurs of America. He declared, as his decided opinion, after examination, that there was no pregnancy, and that a tumor was the cause of the enlargement of the abdomen. The young lady died of consumption a month after, and Professor Bedford made a post-mortem examination, assisted by some other physicians, and found a fibrous tumor which occupied the whole internal surface of the uterus.

The above case I quote from the November number 1852 of Dr. H. Nelson's very interesting publication, the Northern Lancet, the value of which *en passant*, is so much increased by Professor Bedford's lecture. I might bring forward many other cases where blunders have been made, even in our good city, but I abstain. The length of my remarks will meet, I hope, with an excuse from your numerous readers, on account of their practical purport.—*Mont. Med. Chron.*

New Method of Analysis for the Detection of Organic Poisons.

BY C. FLANDIN.

The following is an extract from his memoir:

We are all aware of the facts respecting inorganic poisons. They are found (so to speak) everywhere—not only in the organs of the body where they have been taken or applied, whether internally or externally, but even in the most distant organs to which they have been carried by absorption. They are found not only in the dead body immediately after death, but ten years or more thereafter they can be traced in the remains of putrefaction and in the soil of graveyards.

Do the same facts hold as to organic poisons? In the concluding part of my *Treatise on Poisons*, now in the press, I have shown: 1. That poisons are substances that do not assimilate. 2. That they penetrate the organs by absorption. 3. That they act by *action de presence*.

If these principles be correct, it follows that all poisons may be found in those organs of the human body with which they have been placed in contact, or to which they have been carried by absorption.

A high authority in toxicology (Professor Christison) has made the following remark: "It may be laid down, therefore, as a general rule, that, in poisoning with opium, the medical jurist, by the *best methods of analysis* as yet known, will often fail in procuring satisfactory evidence, and sometimes fail to obtain any evidence at all of the existence of the poison in the contents of the stomach."

Now, these best methods of analysis, spoken of by Professor Christison, consist in treating the suspected substances with acetic acid or alcohol, filtering the liquor, evaporating it to the consistence of an extract, dissolving this extract in pure or acidified water, decolorizing with animal charcoal, or precipitating, as the case may be, the animal matters with different reagents—as subacetate of lead, sulphydric acid, nitrate of silver, nut-galls, alcohol, &c.; and when the active principle of opium (morphia) is to be sought for, to apply to it such tests as nitric acid and the perchloride of iron.

What are the results of these methods of analysis in cases of poisoning? Absolutely none. When an expert recently enquired of a celebrated French toxicologist, what mode he should pursue to detect vegetable poisons, the reply was, *all research is useless*. Yes, all research will be useles, if we

continue to pursue the present methods. They neither isolate the poison; they do not act on it directly by tests; and therefore they cannot prove its characteristic properties.

In examining this subject, particularly in reference to the nature of animal matters, I find they may be arranged into: 1. Proteic or albuminous matters. 2. Coloring matters. 3. Fatty matters. Now, the first (albuminous matters) are easily coagulable, and in this state become insoluble in water, alcohol and the acids. Colored or coloring matters are readily modified by various acid or alkaline agents, as anhydrous lime or barytes, not to speak of the power of heat. Lastly, fatty matters, are readily separated from all others by two grand agents in chemical analysis, alcohol and ether.

When an inorganic matter is mixed with organic matters, nothing is more simple than to discover it. The organic matter is burnt off, or the inorganic is made to pass into a compound soluble state with charcoal, and is then extracted by water. The process of carbonization or incineration by sulphuric acid has been communicated by M. Danger and myself to the academy, as the best mode of examining for mineral poisons.

If the body, from which it is desired to separate animal matters, be itself combustible or capable of being essentially modified by heat, what then are the means of separating it so as to ascertain its poisonous properties? We reply that, under 100 degrees, heat coagulates proteic matters, and which hence become insoluble in water, alcohol and the acids—that anhydrous lime and barytes produce the same effect; and, besides, they greatly modify colored or coloring matters—and that alcohol and ether have a special affinity for fatty matters, and may respectively serve to isolate these, and also wax and the resins.

These facts being established, and experiment having shown that most of the organic principles are unalterable at 100 degrees, the following method is proposed to separate the organic alkaloid bases (as morphia, strichnia, brucia, &c.) from animal matters:

Process.—Mix the matter in question in the proportion of 12 to the 100 of its weight of anhydrous lime or barytes, and rub them down together in a mortar; heat to perfect dryness, but not to exceed 100 degrees; treat the powdered matter, at least three times successively, with anhydrous boiling alcohol; and, on cooling, filter.

The liquid thus obtained is almost without color; it contains the principle or principles sought for, and also fatty or resinous matters soluble in alcohol.

Distill or evaporate slowly by alcohol, and treat the dry and cold residuum with alcohol so as to remove the fatty matters. If the principle sought for is insoluble in ether (as morphia, strichnia, bruchia,) it remains isolated in the liquid, and can be separated by filtration and even simple decantation. If it be soluble in ether, then the principle must be obtained by a special solvent of the organic bases, as for example acetic acid, and precipitate the base finally by ammonia. The chemist in charge must adapt his tests to the supposed substance. I submit only the general method.

I have mixed with 100 grains of animal matter a grain or even less of morphia, strichnia, and brucia; and operating on the mixture in the manner described above, have collected from the mixture ponderable portions of the above poisonous principles. Again, I have added to the animal matters rough opium, laudanum, a decoction of nux vomica, false angustura, &c., and have isolated by this method the poisonous principle perfectly pure.

In order to satisfy myself of the satisfactory application of it to legal medicine, I have poisoned animals with the smallest required doses of opium, morphia, nux vomica, strichnia, false angustura, and brucia, and it was always possible to detect the poison in the contents of the stomach and intestines, and sometimes, indeed, in the organs to which it had been carried by absorption.

In a special experiment, I mixed two parts and a half of morphia with one hundred of meat, and abandoned the compound to putrefaction for two months. At the end of that time, using the method above described, I discovered a notable proportion of morphia.—*Comptes Rendus.*

Two Cases of Traumatic Tetanus.

BY JOHN O'REILLY, M. D.

Peter Jennings, aged 23 years, born in Ireland, a laborer, of bilious temperament, on the 1st of May 1853, whilst leaping down from a scaffold, had his boot penetrated by an old nail, which punctured the sole of his foot, at a point corresponding to the metatarsal articulation of the fourth toe. The wound did not give him much trouble until the 25th, when he experienced a disagreeable feeling about his throat, and found some difficulty in swallowing. Under these circumstances he

sought medical relief; but not being satisfied with the aid afforded him, he called on Dr. James Sweeney, an intelligent and well informed medical practitioner, who at once detected the nature of the case, and declared the patient had tetanus. In consequence of some pecuniary difficulties, Dr. Sweeney recommended the patient to be sent to the city hospital. This proposition was rejected. On the 29th I was summoned to visit the patient. His countenance at once told the nature of his case. The muscles of the face, neck, back and abdomen were contracted, diaphragmatic spasm very frequent, accompanied by opisthotonos. He could scarcely swallow anything, and every attempt to do so brought on fits of dysphagia; the pulse was 80, the skin was moist.

I considered the best treatment that could be put into practice, was to put the patient under the influence of chloroform, with a view of relaxing the muscles, and giving him rest. Accordingly I did so; before he was fully under the influence of the medicine, two ounces of it were consumed by inhalation. The patient enjoyed rather a good night, and the next morning I again put him under the influence of chloroform, and repeated the operation; in the evening, I also directed strong beef tea and sweet milk whey to be copiously imbibed by the patient. The exhibition of chloroform by inhalation was continued to the 1st of June, when it had to be suspended, in consequence of the patient protesting against its use, and exclaiming it would suffocate him. On the 2d of June, I ordered a mixture composed of nine drops of chloroform, a drachm of Majendie's solution of morphine, and three ounces of peppermint, to be given in divided doses during the twenty-four hours, the nutritious regimen to be continued. The patient was kept on this treatment until the 16th of June. Melioration was daily manifesting itself; the intervals between the paroxysms were getting longer and longer, and ultimately ceased in toto, leaving the patient in a convalescent state, who has since resumed his employment and continues in excellent health. I should have stated that his bowels, which were constipated, were kept open by calomel combined with croton oil and tobacco enemata.

Mr. Robert Green, aged 16 years and nine months, born in New York, of sanguineous temperament, on the 15th September 1853 received a punctured wound in the middle of the sole of the foot by a nail. On the 28th of September, he complained of uneasiness about his neck, and on the following day consulted a physician. The symptoms getting worse, and the medical attendant having intimated to the patient's mother that he had "lockjaw," and that his life was in the

greatest danger, I was requested to see him on the 2d of October. He had the expression of countenance peculiar to patients suffering from tetanus.

The muscles about the neck and trunk were contracted. He could scarcely swallow; he was apprehensive of being suffocated when he attempted to do so. He said he knew he would die of the disease, and he suffered considerably from despondency; his pulse was about 70, and his skin was moist. I put him under the influence of chloroform. A small quantity only required to be inhaled. However, the effect produced did not continue long. Finding this to be the case, I directed six drops of chloroform, sixty drops of Majendie's solution of morphine, and three ounces of peppermint water, to be taken in divided doses during the twenty-four hours. I also had the patient's strength sustained by strong broths, sweet milk whey, &c. His bowels were kept free by calomel, combined with croton oil and tobacco enemata. He appeared to be doing well until the 8th of October, when he was attacked more severely than usual with laryngismus, and died rather suddenly on the morning of the 9th of October, in a paroxysm.

The foregoing cases must be considered highly interesting and important. It is quite clear the chloroform exercised a benign influence in the first case, assisted by the morphine and nutritious regimen. The constitution, by the aid thus afforded to it, gained sufficient time to battle against the formidable malady, which threatened its existence.

The "modus operandi" of chloroform appears susceptible of explanation. Its anæsthetic influence is conveyed by the nerves to the brain, and from the latter by reflex action to the spinal cord, and the nerves proceeding from it. Thus at once, it sets the mind at rest, and relaxes the muscular system. Another great advantage is gained by the chloroform, inasmuch as it enables the patient to take nourishment, and thus precludes the possibility of his being sacrificed by inanition. It is worthy of remark, as may be anticipated from what I have already stated, that as soon as the patient is placed under the influence of chloroform the muscles become relaxed. With respect to the second case, the patient died of asphyxia. Had the operation of tracheotomy, as recommended by the learned and scientific Dr. Marshall Hall, been performed, the patient's life might have been saved, as time would be thus given to the patient to throw off the disease.

In the treatment of tetanus, there are three grand objects to be attained.

Firstly—To keep the patient in a quiescent state by the

agency of chloroform, so as to enable the constitution to exhaust the morbific influence exercised on the nervous system.

Secondly—To have recourse to tracheotomy as soon as laryngismus would assume an alarming aspect, and thus prevent the patient from being asphyxiated, before the remedies relied on for his recovery would have time to produce the desired effect.

Thirdly—To support the strength of the patient with strong broths and milk diet with assiduity, (it will be recollected that the patient cannot masticate or swallow solid substances,) so as not to allow him to die for want of nutriment, and also to invigorate him to withstand the repeated attacks to which he is constantly exposed.

In the first case it will be remembered, it took a large quantity of chloroform to put the patient under its influence, and it is worthy of notice, that its effects continued permanent for some hours, whereas in the second case, a very small quantity was required to be inhaled, and its effect was of short duration.

In the first case, it is to be presumed, the cerebro spinal system was more fully developed than in the second case, and consequently was better able to resist the destructive inroads of the disease.

It will be perceived, that in the treatment of those cases, I did not place total reliance on any one particular remedy. In fact I gave the patients the benefit derivable from the administration of opium, chloroform and tobacco. Now I am fully convinced that the happy termination of the first case was chiefly attributable to the good effects caused by the chloroform.—*N. Y. Med. Gaz.*

A Case of Traumatic Tetanus successfully treated by anæsthetic agents.

BY T. F. BENTON, M. D.

On Thursday, September 22d, 1853, I was called to see a young man of some nineteen or twenty years of age, boarding at Rockville Place, (the residence of Capt. J. D. Miles,) in this borough. He was supposed to be affected with cholera, or yellow fever, and the alarm of the inmates of the house was not inconsiderable. I saw him about 6 o'clock, P. M., and

found him laboring under intense pain in the nape of the neck and back of the head, and also in the right hypochondriac region, extending towards the epigastrium. The history of the case given to me was, that he had arrived in the 11 o'clock train from Philadelphia, and walked over to Rockville, a distance of one and a half miles, feeling very well; nothing peculiar was observed about him. He himself informed me that about 3 o'clock, P. M., feeling a desire to evacuate his bowels, on retiring for that purpose he was seized with great pain in the bowels, accompanied by vomiting and purging. These circumstances, with the addition of a violent convulsion, gave rise to the idea of cholera. When I saw him he was strongly convulsed and agitated by the spasms so characteristic of tetanus, (opisthotonos,) which I, at once, supposed the disease to be. On questioning him, however, as to whether he had recently received any sort of wound, he replied in the negative. I then concluded that I was mistaken, but his mind, up to that time, not being very clear, I determined to act on my first impulse, and treat the case as one of tetanus. I gave him, at once, a large dose of Hoffman's anodyne, and tr. velerian with tr. opii, the only remedies at hand. His spine was also freely rubbed with a liniment composed of aq. ammon. fort., ol. succ. rect., spts. terebinth, and tr. opii, in equal parts. A pill of one grain of calomel, and half a grain of opium, was directed to be given hourly. I visited him at 10 P. M., and found the spasms still as strong as ever, but his mind being somewhat improved, he informed me that some three weeks previously, (in this he was incorrect, it was but one week,) he had been hurt by a nail in his foot. On examining his foot, no mark of injury could be discovered, but great tenderness on pressure existed near the ball of the great toe. I made a deep incision in the part affected, without any apparent benefit. Continued the remedies during the night, with the addition of tr. cantharid., and tr. capsici to the liniment.

Friday, 8 o'clock, A. M.—Condition worse. Inability to swallow, difficulty of speech, and, thinking himself dying, he had taken leave of his friends. Spasms increasing in frequency and intensity. Having provided myself with a mixture of three parts of sulphuric ether to one of chloroform, I instantly caused him to inhale it. The result was most gratifying. The spasm ceased as soon as the anæsthetic exerted its influence, and he became calm. In a few moments he was able to swallow some brandy and water. The original treatment was continued, with directions to let him inhale the ether whenever a spasm began to manifest itself. 3 o'clock,

P. M.—Progressing favorably, spasms perfectly controlled by the remedies, which were continued. 7½ o'clock, P. M.—My friend Dr. Ashmead, of this borough, saw him with me, and approving of the treatment, it was continued. My friends, Dr. Squire, and Mr. Henry, student of medicine, having kindly consented to watch him during the night, he was left to their care, and I have sincere pleasure in saying that, to their judicious attention, skillful nursing, and management of the anæsthetic, his life is mainly due. A mixture of chloric ether and chloroform was freely administered during the night, (about every fifteen minutes for four hours,) whenever an indication of spasm was present. Beef tea and brandy and water were also given.

Saturday, 8 o'clock, A. M.—Much improved, free from spasm. 7 o'clock, P. M.—Doing well; had a slight spasm at eleven A. M., and one, more slight, at three, P. M.; none since.

Sunday—This day was passed in tranquillity; his appetite is good, and condition in every way favorable.

Monday, 9 o'clock, A. M.—Improving rapidly, and may be fairly considered convalescent. He has been entirely free from spasm for about forty-two hours.

Tuesday—Has discharged his doctor, and considers himself well.

I now regret that I did not employ the chloroform on Thursday evening, instead of waiting until Friday morning, as he would have been saved some spasms. To the anæsthetic *alone* I attribute his recovery, and its influence appeared almost miraculous. May it not be equally valuable in hydrophobia.—*Med. Ex.*

On the Use of Quinine in the Treatment of Ulcers.

BY L. N. COON, M. D.

I am induced to write this short article, however imperfect it may be, for the purpose of adding my testimony in favor of the beneficial effects of the *sulphate of quinine* as a topical agent in the treatment of sloughing indolent ulcers, as set forth by A. J. Wedderburn, M. D., professor of anatomy in the University of Louisiana.

Surely too much cannot be said in praise of an agent whose application (judging from my limited experience) bids

so fair to prove one of the first remedies in the Materia Medica for the purpose above mentioned. I doubt not that others have found it equally effectual in removing that peculiar indolent condition to which they are so frequently inclined.

If it is the duty of medical men to investigate and study the nature and applicability of various remedies, it is true also that their suggestions should be regarded by those who are not willing to investigate for themselves, or those who are not competent to this task. These should be ready to put into practice (on all suitable occasions) and carry out the suggestions of their superiors. By thus carefully and candidly applying and watching their effects in given cases, and under varying circumstances, we may be the humble instruments of establishing, or assisting to establish beyond a doubt, a correct and reliable course of practice in a great variety of cases.

I know that there is a disposition on the part of physicians, to some extent, to neglect the sayings of others, from the fact that they themselves were not the first to make the discovery, or perhaps more correctly speaking, the cause is a *profound indifference* to the wants, necessities, honor and real advancement of the medical profession. But perhaps I am not justifiable in thus finding fault. I trust I shall be excused while I give a brief statement of a case which came under my notice and care some time in November last.

T. M., aged 28 years, of rather strong constitution, and temperate habits. Present condition of patient—great emaciation; his countenance presented that of marked *anæma;* was able to sit up only as supported by an attendant; pulse small and soft, rather quick; slight fever, an occasional flush on the cheek; slight cough; bowels loose. Condition of leg—ulcers extending from the patella two-thirds of the distance to the groin, covering over nearly the whole anterior portion of the thigh, spreading, breaking down and involving new tissue in the general rim. This ulcerated condition extending below the knee something like six inches, the whole surface above and below the patella presenting a number of sinuous openings, discharging a sinuous-like fluid. These ulcers presented a dark colored appearance around them; some of them were formed by the flesh sloughing out. A probe would pass in any direction from one opening to another.

Treatment.—I first ordered the poultices which were then on, and had been for three weeks past, to be removed; then ordered the part to be washed with Castile soap and rain water. I then injected with a syringe a solution of sulphate of quinine, 10. grs. to 1 oz. of water; the whole surface was then covered with equal parts of quinine and flour; gentle

compression was used by a light roller. He was then ordered as a constitutional remedy, a syrup composed of sarsaparilla and yellow dock. This treatment, without variation, was continued for two or three weeks, during which time the patient rapidly improved, until he was discharged perfectly sound, and in good health, with the exception of some stiffness of the joint.

Now, I am satisfied that no other form of treatment could have so rapidly and effectually cured this patient, as the one adopted. I attribute it all, or nearly so, to the stimulating effects of the quinine, which seemed to give to the ulcers a new and healthy action, and to change the color and appearance of the sores within forty-eight hours after their application. I hope that others will be induced to give this agent a fair trial, and communicate to us their experience.

Northwestern Med. & Surg. Jour.

Are Typhous and Typhoid Fevers Identical?

BY Z. PITCHER, M. D.

I do not design this evening, merely by the collation of authorities, to attempt the settlement of the question whether typhous and typhoid fevers are identical, or the equally difficult task of showing, by the same process, that they are generically or specifically distinct, independent in origin, propogated by different laws, amenable in certain stages to opposite methods of treatment, but intend rather to give the result of my own observations on the subject under discussion, made at the bedside of the sick, in the hovels of the needy and afflicted, and to draw, if need be, from other observers, such sketches of the aspects of these forms of disease, as will insure fidelity in the description of phenomena which may be peculiar to one or the other, or common to both.

My first opportunity for practically studying the subject of typhous fever, occurred at Fort Brady in this state. This fort is a simple rectangular stockade, built on the bank of the river, close to the foot of the falls of Sault de Ste. Marie. The quarters are of wood, arranged in the form of a square, and rest directly upon the ground, having been constructed expressly with a view to exclude the cold of a northern winter. The troops were abundantly supplied with wholesome provisions, had fresh beef twice a week, and the only

fatigue service performed by them, except by a small party detached for lumber, was in procuring their own fuel, which was obtained at no great distance from the fort. Large bodies of snow fell this season (1826 and 1827,) as early as November, and continued until late in the spring. The winter was a cold one, the thermometer many times sinking below zero, and on one occasion, the mercury congealed in the bulb. These degrees of cold made it necessary to take the sentinels off their posts, and prevented that attention to personal cleanliness by bathing, which the soldier is required, at less inclement periods of the year to give. Notwithstanding we enjoyed so many circumstances favorable to health, typhous fever broke out in the autumn of 1826, and continued through the winter of 1827. Our first cases occurred in the family of an officer, which occupied quarters on the east side of the square. This family, very late in the season, after losing one of its number, left the post. One of its members, a child, sickened on the road—it suffered for a long time, but ultimately recovered. This was the only instance in which the disease was communicated by occupants of the fort from the sick to the well. The range of quarters on the southside of the fort, exclusively appropriated to officers and constructed similarly to those in which the disease commenced, produced no case of fever during the winter. The grounds on which the infected quarters were erected were naturally a little lower than the other sides of the square, and had been filled up in 1822, when the work was built. In other respects there was no appreciable difference in the quarters infected, and those that were not, unless it be in the fact that the uninfected quarters fronted the river, and the others rested upon it perpendicularly.

At that time the commerce of the Sault consisted in the shipment of a few packs of furs, a few barrels of white fish, and a few tons, in mococks, of maple sugar, and the receipt of the annual supplies for the troops, and the pork and flour necessary to feed some two or three hundred citizens and Indians. I make this allusion to the commerce of the place with a view to exclude from the mind the idea that the disease could have been introduced through the channels of trade, for there was at that time no arrivals, except from the ports of Buffalo and Detroit, and those places on Lake Erie whence the commissary and quartermaster's stores were received. I ought, however, to remark here, that late in the fall, a large family arrived from the colony of Lord Selkirk, on the Red river of the north, in which the fever broke out about the time the first cases originated inside the fort. Be-

tween this family and that of the officer first affected, there had been no communication, as could be ascertained.

As the season advanced the disease extended to the soldiers' barracks, and prevailed most among the men of (B) company, which occupied rooms at the north end of the same range of quarters in which it first appeared.

There was no instance, among those who remained at the post, where the fever was communicated by those under treatment, either to the nurses or other occupants of the same apartments. All the cases in the family from Selkirk's colony, as well as the three in the family of Captain C——, became sick about the same time, as if they had originated in a common cause, the influence of which was limited to the residences of those who fell sick. Those originating in the soldiers' quarters were sent immediately to the hospital for treatment, from whence there were no cases of its extension by contagion. This immunity from the ordinary effects of the contagion of typhous, we ascribed to the measures adopted to remove the fomites by ventilation, ablution, and the use of disinfectants. The company barracks having been constructed with a view to exclude the rigors of a northern winter, and being occupied by so many persons, particularly at night, could not be so thoroughly purified. The physiognomy of this disease was so strikingly distinct from the remittent fever I had seen on the Saginaw river in 1823, appearing in the midst of hyperborean snows, as it did, that it made a strong impression upon my mind, but not more ineffaceable than the evident fact, that the materies morbi which produced this extraordinary picture, consisted in emanations from bodies still in apparent health.

We had no evidence, if we except the case before mentioned, in the strict sense of the word, of the contagiousness of this disease. Sufficient proofs having been furnished in its history, in other countries and climates, of its ability to propagate itself, and which should also be inferred from the manner of its origination at the present time, we leave the question of contagion untouched, believing it settled. The cases were individually tedious. One continued sixty days; and this was the only one in which there was any special local affection of severity or any particular sign of dothinenteritic inflammation, which was confined to the pharynx. There were no opportunities afforded us for making post-mortem examinations. Only two of our cases terminated fatally. One an aged female from the Pembina settlement, whose death was occasioned apparently by the sloughing of a blistered surface, an epispastic having been applied to arouse her

from a state of coma, and the other, a child, which I now think was literally starved to death. The gentleman (now deceased) who was associated with me in the treatment of this case, had been a pupil of the venerated Dr. Nathan Smith, and his plan of low diet, and cold water, was carried to such an extent, that death ensued from starvation. Two others, in the same family, on the verge of dissolution, were then put upon the use of wine and animal food, with such an immediate change in their symptoms, and followed by so rapid a convalescence, that we felt conscious of having made a fatal mistake. There was nothing in the symptoms of those cases which terminated fatally, or of those which recovered, that led me to suspect the existence of organic lesion in any portion of the alimentary canal. This, of course, is mere opinion.

I have given this general account of the typhous of Fort Brady in advance of the description which I propose to copy from my memoranda, for the purpose of bringing into closer proximity the parthognomy, if the term may be applied to morbid expression, of this disease, of the ship fever of 1848 and 1851, and the typhoid fever of the present time. The treatment of the cases in the family of Captain C—— was dictated by my colleague up to the time of the death of the member above alluded to, consequently I have no notes of the symptoms which they exhibited in the first stages of their illness. At this time the removal of my colleague from the post left me in charge of the hospital, and rendered it necessary for me to assume the charge of the sick. From this time I took personally the oversight of all the cases of disease which occurred at the Sault that winter, and can consequently, from my observation, speak of the manner of their approach, of their period of incubation, their physiognomy, when fully developed, the duration and termination of the individual cases, but not so explicitly of the anatomical character of this disease as I could wish. From this time, all the cases which came from the company quarters, if we date their sickness from the period of their admission into the hospital, had had a protracted period of incubation marked by a feeling of muscular languor and mental torpidity, aversion to food and pain in the head or vertigo. In most cases, as this period passed away, slight rigors would precede the more perfectly formed stages of the fever, which were never marked by such decided chills as characterize the advent of diseases ushered in by the agency of some accidental or suddenly disturbing cause. After this, the heat of the body increased and the pain of the head became more severe. The organs of secre-

tion being embarrassed either primarily through the condition of the blood or from a paralyzed state of the nerves of organic life, the urine would become scanty and turbid, the alvine dejections dark and fœtid, and the expectoration dark and offensive. When the disease was fully developed the skin would become more dry and hot, giving to the hand a sensation of pungency—the pulse frequent and feeble, being more than a hundred per minute,—the respiration embarrassed owing to the rapid movements of the heart and the imperfect manner in which the mucous membrane performed its function as an excreting surface. The mucous surface of the lungs coinciding in action with the parched and heated skin, caused the tongue and teeth to be covered with sordes, and the fauces dry and disordered. The pain in the head so usually a premonitory indication of the approach of the disease, was soon followed by pains in the back and limbs, indicative of a general disturbance of the nervous function; and the mental hebetude which characterized an earlier stage, was soon followed by intellectual confusion, delirium and coma. Deafness supervened in some cases, in others a morbid sensibility of the retina and of the skin, and subsultus tendium was a common symptom; but what most particularly attracted the eye of the physician was the general aspect or physiognomy of the patient—the hippocratic expression and the rufous hue of the cheek, followed in a majority of cases by a maculated state of the general surface, which obeyed no special law, as to the time of its appearance. This is a general view of the St. Mary's typhous. A daguerreotype of an individual case might serve to fix the phenomena more permanently in the mind.

The famine of Ireland and the crowded state of the emigrant ships arriving in New York and Quebec in the summer of 1848, brought us a modified, yet undoubted form of typhous fever.

The coincidence of want and the impure air of a crowded ship-hold shortened sensibly the period of incubation and increased the tendency to diarrhœa. The perturbations of the system, occasioned by atmospheric exposure and errors in diet on landing in America, developed a form of bronchitis and an intestinal irritation analogous to dysentery, some of which collapsed like cholera. Such cases, owing to the sympathies of the skin with the mucous surface, were attended with a more decided eruption and terminated fatally after a briefer existence. As should be expected from the nature of the exciting causes, we had more emphatic intestinal meteoration, more violent delirium, more frequent epistaxis and more

evidences of arachnoid irritation and effusion than in 1827. Nurses contracting the disease this season had decided chills, more perfectly developed and active febrile symptoms, and a wilder state of delirium, so much so as to require venesection to mitigate the violence of the cerebral excitement.

Although not written for that purpose especially, the foregoing remarks show the importance in our attempts to settle the pathological character of diseases analogous or identical, of looking more to the etiology and less exclusively to the phenomena presented at the dead-house.

During the winter of 1847 and 1848, the inhabitants of Michigan were visited by an epidemic known as the brain or spotted fever, which proved to be an erysipelatous affection of the cerebro-spinal meninges, from which the population of Detroit suffered more than their rural neighbors.

In 1849, the cholera was epidemic in Detroit, and in a milder degree in 1850.

The summer of 1851 brought us other cases of typhous modified by erysipelas. The general aspect of the disease did not differ from the fever of 1848. Some of the cases took on the appearance of brain fever and terminated suddenly. In others convalescence was protracted by erysipelatous inflammation of the parotid glands and of the parts subjected to pressure, as around bed sores and on the elbows.

In 1852, the cases of cholera may be said to have been sporadic, but of unusual violence. Some of these, where reaction took place, were followed by typhoid fever. Cases of cholera and typhoid fever would sometimes occur in the same house, particularly in the German part of the city, and in the latter part of the autumn, as the cholera disappeared typhoid fevers became more common, and have continued to occur up to the present time.

This leads us to the other part of our subject, the consideration of typhoid fever.

Before proceeding, however, I will take occasion to remark, that from the time I left Fort Brady in 1828, I had seen nothing more of typhous fever till the summer of 1848, when I met with it at this place; and that although between those dates, I had seen much of fever in all its grades of intensity, in various climates, at Fort Gratiot in 1829, at Fort Gibson on the Arkansas river and the lower tributaries of the Mississippi in 1830, 1831, 1832 and 1833, at the emboucheures of York and James rivers in Virginia, in 1834 and 1835, and at this place again in 1837, I had never seen its analogue, the typhoid fever, till the adynamic epidemic, known as the brain fever of 1847 and 1848 had passed over our country, leaving its

trail in the air, and lending its livery to every form of disease which has followed in its wake down to the present time. Having seen so much of the diseases peculiar to large sections of the country, and having noticed how many of them are common to all, varying only in degree, without meeting either with typhous fever or the disease I now recognize as typhoid fever, I not only embraced the opinion of Dr. Dewees as to the northern origin of typhous fever, but had been led gradually to believe, that the only cases of typhoid fever to be found were such cases of synochus as had been neglected in the early stage, and become adynamic in consequence of the retention in the circulation of the effete materials of the tissues, which should have been liberated by the chemistry of the organism.

Typhoid fever, in its intense form and when fully developed, you will find graphically described by Louis. For the sake of brevity I refer you to that elegant work, "Louis on typhous," for a more perfect sketch of the physiognomy of typhoid fever than I could possibly give you. I shall, therefore, give you only such brief notes on this head as will enable you to comprehend the views I entertain on the question for the evening, "are typhous and typhoid fever identical?"

The father of medicine seemed to comprehend the existence of a pervading atmospheric agency, which at the time, gives character to the diseases of a season and may continue to be felt for several succeeding years. This Sydenham spoke of, under the name of intemperament of the air; and such an influence, occult though it be, has been recognized under different names down to the present day. So obvious was the effect of such an agency in the time of Dr. Rush, that from the omnipresence of its effects, he no doubt evolved the idea of the unigenous origin of disease, and hence his conception of the unity of its character. Such diatheses move in cycles, of which we had the beginning of one in 1847, the influence of which we yet see in the peculiar tone and type of our diseases of to-day. Hence, in the order of time, there appears an evident periodicity in the return of some of our graver epidemics, as we have seen in the case of the spotted fever of New England and New York, in 1811 to 1814, and again in this region in 1847 and 1848, on both of which occasions it has been followed by typhoid fever, of which it is in fact the most malignant form.

The epidemic erysipelas and the epidemic cholera having faded away and left their place to be occupied by typhoid fever, by dengue, or break bone fever, whichever name you may choose to call it by, it would be profitable, if we had the time and requisite ability, to proceed to show how the types

of disease in the first place blend, and then gradually become converted, one into the other. Nosologists in their attempts to fix the character of genera, to limit the boundary of species, and thereby give symmetry to their plans of arrangement, have looked to the plan of creation for their types, expecting to find the same permanency of order, the same fidelity to the law of procreation in the morbid as in the natural world, and have made insufficient allowance for the co-operation of two or more disturbing causes, acting at the same time, upon the human organism. We all know from daily observation, that in districts highly charged with malaria the fever of catarrh, of small pox, of measles and of scarlatina is sensibly remittent; and that even the hectic of phthisis is modified by its presence, but not enough so in these particular cases to establish the doctrine of hybridity. Still, the analogies in the two cases should lead us to suspect, what we think observation confirms, that nosological hybrids result from the co-equal operation of causes which if left to act singly would produce far different results. Of this kind of mixed progency we believe typhoid fever to be one, its paternity on one side being traceable to malaria, hence its tendency to intermit in its first stages, and on the other to an epidemic meteoration which has changed the tone of disease, not only in this place, but throughout the country, in a striking manner, for the last ten years. I would gladly enlarge upon this topic, but feel restrained by the shortness of your sessions, and pass from this part of my subject to a description of typhoid fever as at present to be seen in Detroit.

Firstly, of its period of incubation. This is notably shorter than the forming stage of ship or typhous fever. After a period, varying from one day to one week, in which the patient has a feeling of languor, with pains in the head and loins and a sense of fullness in the hypochondriac regions or else a slight diarrhœa, he will be seized with a very decided chill or else a succession of rigors; nausea and vomiting occur, the diarrhœa becomes more painful, and perhaps passing into a form of dysentery, either with or without tenesmus, during which time the body grows hot, with an increase of pain in the head and bones, and thirst and restlessness. This is his condition the first day after the occurrence of chills. Then there is an exacerbation, with recurrence perhaps of rigors, with increase of heat, extending to the extremities, which may have remained till this time cold, calor mordax, dry and dark tongue. The time taken to confirm the grade of reaction which ensues, varies in each individual case, after that, the tendency to intermit is not so perceptible, except in the milder cases. After the heat has become general, then we have burning of the hands and

feet, a rose colored rash appears about the neck and chest, regulated in quantity by the degree of bronchial irritation. The patient coughs, has apistaxis, and sometimes bloody sputa. The tongue becomes more dry and dark, the teeth incrusted with sordes, the pulse smaller and more frequent, delirium passes into coma, with deafness and subsultus tendinum, the discharges take place involuntarily, the urine being scanty and ammoniacal and the stools ochreous and liquid. This is the general concourse of symptoms, not precisely their order of occurrence.

If the skin of the patient is examined after the chills, there will be seen a congested state of the capillaries, indicated by a livid color of the extremities, which deepens to a purple about the neck. Pressure upon the back of the hand leaves a white spot into which the blood slowly returns, and on the chest a similar displacement of the blood from the skin will be succeeded by a stripe of crimson, which increases with the intensity of the febrile excitement, and in many cases looks more like scarlatina than the maculæ of typhous fever. From the symptoms as well as from the recognized existence of cutaneo-intestinal sympathies, we believe that a similarly congested state takes place in the mucous membrane of the lungs and alimentary canal, owing no doubt to a paralysis of the nerves of organic life. The diarrhœa and vomiting are probably attributable to the sensibility remaining in the colon and duodenum which are in part supplied with nerves coming from the dominion of the encephalon. The dothinenteritis which takes place in a later stage of this disease and gives origin to its severer symptoms, as well as to the morbid changes in the alimentary canal, considered by many as the anatomical seat of typhoid fever, is the natural result of the phenomena we have just been considering, unless appropriate measures are adopted at an early period, to restore the action of the skin and the functions of the alimentary mucous surface. How this is done we will speak of hereafter.

Having spoken of the periodic tendency in the early stage of typhoid fever, I ask leave to introduce here a case or two illustrative of that tendency, as well as by a reference to treatment, to show that its course can be abridged by remedies not adapted to ship or typhous fever.

W——d, a sailor, was sent to St. Mary's hospital the fourth day of his attack, having chilled twice, without a solution of the paroxysm of fever by perspiration, after either. On the day of admission he had a pungently hot skin, with a crimson rash about the neck and chest, his pulse was small and frequent, without force, his tongue was covered with a dry,

short, but not very brown coat, he complained of headache, pain in the limbs and back, and tenderness over the right hypochondriac space. His bowels were confined and urine scanty.

4th day—Prescription, sulphate quinine jj gr., hydrarg. cum creta j gr., every four hours, warm drinks, hot applications to the extremities, and a blister over the region of the liver.

5th day—Heat of the body more equal, but not diminished. The feet have become warm, but he is deaf and comatose. Prescription continued.

6th day—Medicine has effected the bowels. Evacuations made in bed. Pulse rather fuller. Other symptoms much the same. Continue prescription.

7th day—Medicine still operating. Is conscious—will protrude the tongue if the act is performed before him, to indicate what we wish him to do. Skin is soft and pulse less frequent. As the stools are yet dark and not too liquid, give him rhei and magnesia.

8th day—Cathartic has operated well. Patient hears and answers questions briefly. Tongue and skin moist. Rash disappearing. Urine more copious. Prescribe spirits mendererus.

9th day—Ward is convalescent.

Lest the question might be raised whether the foregoing case was not one of pernicious miasmatic fever, I add another attended with hæmorrhagic symptoms:

Cherodot, a laborer, as we learned after he became conscious, was admitted on the eighth day of his illness. He did not recollect having been much unwell before he was seized with a violent chill, which was followed by a daily exacerbation of fever up to the time he lost his hearing and recollection, three days before he came to the hospital. When I first saw him, he had epistaxis, bloody expectoration, discharges of blood from the bowels and occasional vomiting. His pulse was small and frequent. His head and body hot, but legs and feet and hands were cold. He was delirious and inclined to rise from his bed. He had a dry and brown tongue and the crimson eruption upon his chest.

9th day—Directions for the attendant—sponge the limbs with tincture of capsicum—make cold applications to the head and hot ones to the feet, and lay a large epispastic over the stomach and liver. Give jj gr. quinine, j gr. gum camphor and j gr. hydrarg. cum creta, every three hours and let him drink hot mint tea.

This plan of treatment was continued till the eleventh day of fever, when the skin relaxed, the vomiting and loss of

blood from the mucous surface of the nose, lungs and intestines had ceased, and the rash began to disappear. Under the use of Mendererus' spirit and wine whey, he convalesced rapidly, and in another ten days returned to his labor.

The following case gives a view of one of the modifying circumstances in this grade of fever, if it be not in fact the cause of its adynamic character.

H——M——had a chill only two days before admission, at which time there was a stronger scarlet hue than usual in these cases, of the face, neck and chest, with intense heat of the skin, dry cough, vomiting and slight diarrhœa, with scanty and high colored urine. His pulse small and very frequent, with slight epistaxis—tongue red and dry and great tenderness over the stomach and liver, violent pain in the limbs and head, with slight delirium and subsultus tendinum.

3d day—As the cutaneous congestion seemed already to be passing away, I ordered an epispastis to be applied over the stomach and liver, and that he should take jjj gr. carbonate of ammonia, j gr. hydrarg. cum creta and j gr. gum camphor every three hours with tepid drinks.

4th day—Vomiting is relieved, but he passed a restless night.

5th day—Evacuations have improved, delirium succeeded by coma. Continue prescription and apply a blister to the nape of the neck.

6th day—Symptoms every way relieved by the appearance of an erysipelatous eruption, extending from the blister on the neck to the one on the abdomen. From this time he was convalescent.

The case of Conrad Scanlon gives another phase of this epidemic.

When brought to the hospital his surface was very livid and cold, except about the head and thorax, where the color deepened to crimson. He had no diarrhœa, but vomited freely; had hiccough, and the kind of coma of a man heavily drunk. His pulse was scarcely to be felt at the wrist. Tongue coated, but not yet dry. No apparent secretion of urine. Showed signs of pain when pressure was made over the stomach and right hypochondriac region. Measures were taken to restore warmth to the surface, but reaction was never perfectly restored. He took, until partial reaction was brought about, such remedies as hot sling, camphor and ammonia. Then an epispastic was applied over the liver, which enabled him to take and retain small doses of quinine and hydrarg. cum creta, alternated with liquid acetate of ammonia. The evacuations procured by these means were passed in bed.

The man improved for a week very slowly. The pulse became more natural as well as the temperature of the skin, but the coma never sensibly diminished, until he was aroused from it (not completely) by neuralgia along the left sciatic nerve, which was soon followed by erysipelas of the leg. Purpura, to a considerable extent, appeared on the other leg, and shortly before death erysipelas was developed in the parotid glands. Before death the tongue, teeth and fauces had the appearance of a patient in the last stage of typhous gravior.

I will add but a brief sketch of one case more, in which there were genuine petechiæ, both on the cutaneous and intestinal surface.

Miss A. B——, a resident inmate of the hospital, complained of pain in the head on Saturday, which was hot, whilst her hands and feet were icy cold. She was costive and took a blue pill. Her fever increased slowly, but remitted for the first week, the exacerbation being preceded by slight rigors. In spite of treatment the fever became more persistent—vomiting and diarrhœa ensued—dryness of the tongue—subsultus tendinum, petechiæ, at length coma, then convulsions and death, on the twenty-first day. On making the post mortem examination we found no ulceration, but an irritated state of the duodenum and lower portion of the ilium, with distinct points of extravasation under the mucous coat of that intestine and under the cuticle.

I could multiply illustrations of the modifications which this disease is made to undergo almost indefinitely, but as my aim is rather to make myself understood than to change the views of others, I will detain the society by the citation of cases no longer this evening.

Until I had witnessed the change which took place in the type of our autumnal disease, between the year 1837, when the billious remittent fever prevailed as an epidemic, with ardent synochal symptoms, on Jefferson avenue, and 1847, when the spotted fever made our city desolate, I had lived in the belief that typhous and typhoid fever were identical. On revising my opinions in the light of facts, which I have endeavored to make intelligible to the members of the society this evening, and comparing them with the experience, and regulating them by the reasoning of others, I have been led to reverse the judgment I had heretofore deliberately formed on this subject.

If the validity of the statements I have made this evening is not called in question, I think we are compelled to adopt one of two opinions—either that typhous fever, when the

symptoms of a patient imbued with its fomites are so far changed by coming into an atmosphere of malaria as to be with difficulty recognized, until it has arrived at maturity; or else, that there is, at irregularly recurring periods, such an epidemic influence superadded to the effects of malaria, that diminishes to such a degree the reactions of the vital powers, when they are so disturbed by some exciting cause, as to give the disease thus developed an adynamic character. Of the two, we find the least difficulty in adopting the latter. For we have seen in the first part of this report, a brief description of unquestionable typhous fever, occurring north of the 46° of north latitude, where no case of intermittent fever has ever been known to originate; among a people not enervated by hunger and in the midst of winter, when the local determinations which would give complexity to it, usually take place in the respiratory organs, and that either from the absence of these modifying causes or from the inherent nature of the disease, there was no reason to suspect the existence of ulceration in the plates of the ilium or the glands of Peyer in the duodenum, or the deposit of "typhous matter" in either of the cavities. For we have also seen how famine, the heat of summer, with errors in diet, promoted the tendency to mucous irritation in the abdominal cavity in 1848, whereby the apparent identity of typhous and typhoid fever were greatly increased; and still further, how three years later a new feature was added by the interfusion of erysipelas; but in no instance has the primitive type of the disease been so far modified as to cause it to assume a remittent form in any period of its duration. If typhoid fever is remittent in either of its stages, of which we think we have abundant proof, and amenable to remedies which are antiperiodic in their modus operandi, there must exist, in a nosological sense, the two forms of fever we have been speaking of, no matter what their analogies in the latter periods of their progress, when remittent fever, pneumonia, erysipelas, and even the small pox, if we leave out of view its peculiar eruption, so blend or assimilate as to be scarcely distinguishable; or, what others consider of great importance, how nearly related by their post mortem results. With becoming deference for the opinions of others, which I think not incompatible with the exercise of individual judgment, I would inculcate the idea that we ought to learn to distinguish diseases by their exhibition of vital phenomena, and not postpone our decision in mere matters of specific distinction, until the scalpel has made its revelations through the dead-room examination. Having thus hurriedly given the results of my individual experience on a

subject which engages and divides medical opinion—an experience which varies so much from that of gentlemen of acknowledged eminence in the profession, that I should do violence to my own sense of duty, and injustice to those learned men who have labored so much for our instruction, if I passed the subject by without making some reference to what they have said, either for the purpose of reconciling discrepancies or of defending opinions adverse to theirs.

If our differences of opinion were speculative merely and carried no practical consequences in their train, then our indulgence in medical polemics would be a harmless passtime, which might serve to sharpen our wits and try our armor; but when dietetic restrictions, which should be imposed upon cases of dothinenteritic inflammation are enjoined, (as happened in the case of my juvenile patient who sank from inanition,) upon the subjects of typhous fever, like that of Fort Brady, where the functions of the skin and mucous tissue seemed to be suspended rather than exalted, under a misapprehension of the nature of the case, clearly resulting from the teachings of an authority (confessedly superior) who had seen but one of the forms of this disease, it becomes the duty of every man, however humble, to examine carefully the foundation of his own opinions.

My first opinions of the nature and my first thoughts on the revolution of the great epidemics, were suggested by a perusal of Rush's edition of Sydenham, and my earliest ideas of typhous fever were drawn from his edition of Pringle on Diseases of the Army. My impressions of the nature and origin of typhous, thus derived, were confirmed and strengthened by my experience in 1827, and my reflections on the revolution of epidemics, if not followed by convictions of the regularity of their return, have led to the belief that they follow each other in a certain order, because of the degree of consanguinity, the closeness of the relationship which obtains between them. Since 1848, I have seen a kind of cholera unknown to me before, collapsing with fewer stools, the last of which were small and bloody. Since then I have met with cases of dysentery not to be distinguished in the later stages from the cholera above referred to, and a form of puerperal fever of unwonted malignancy, attended with dysenteric symptoms. I have seen the reactions, which rarely took place after these cases, followed by typhoid fever. I have seen in these cases erysipelatous inflammation of the parotid and mammary glands, such as complicated the typhous of 1851. And I have seen these more malignant forms of disease gradually shading into typhoid fevers, of which now and then

one with graver cerebral symptoms would collapse into a condition intermediate to the cholera, and the brain fever of 1848. Within this period we have had cases of disease which some would call scarlet fever, and others erysipelas, and in some sections of the state, numerous other cases which seemed to occupy a position midway between variola and erysipelas.

These same eccentricities manifested themselves in the time of Sydenham, as if a pervading element either of meteoric or telluric origin had stepped in to give a tint or tone to the diseases of the era, or else by laying a general foundation, and allowing the exciting causes to construct a superstructure at their will. In his chapter on the epidemic constitution of part of year 1669, and of the years 1670, 1671 and 1672, at London, he remarks:

"In the beginning of August 1669, the cholera morbus, the dry gripes, and likewise a dysentery that rarely appeared during the ten preceding years, began to rage. But though the cholera morbus proved more epidemic than I had ever known it before, yet nevertheless it terminated this year in August; but the dry gripes continued to the end of autumn. But upon the coming in of winter, this disorder likewise vanished, whereas the dysentery became more epidemic.

"Between these gripes and the above mentioned dysentery, which raged very universally, a new kind of fever arose, and attended both diseases, and not only attacked such as had been afflicted with either of the former, but even those who had hitherto escaped them, unless that sometimes, though very seldom, it was accompanied with slight gripings, sometimes with stools, and at others without. Upon the approach of winter, the dysentery vanished for a time, but the dysenteric fever raged more violently.

"In the beginning of the following year the measles succeeded.

"This kind of measles introduced a kind of small pox, which I was not hitherto acquainted with, so that to distinguish it from the other kinds I choose to entitle it—the anomalous or irregular small pox of the dysenteric constitution.

"It must further be observed, that as each epidemic disease is attended with its periods of increase, height and decline, in every subject, so likewise, every general constitution of years that has a tendency to produce some particular epidemic, has its periods according to the time it presides; for it grows every day more violent till it comes to its height, and then abates in nearly the same degree, till it becomes extinct and yields to another."

This blending of the forms of disease, through the instrumentality of an atmospheric influence, independent of its sensible qualities, so clearly seen by the "English Hippocrates," was noticed also by Armstrong, and became, with Dr. Rush, a leading and controlling idea. Dr. Armstrong, in his chapter on the modifications of "common continued fever," makes these remarks: "If it be the fact, as I am inclined to believe, that genuine typhous always originates from contagion, how can the present epidemic be accounted for, which has raged in so many parts of the United Kingdom for at least the last three years? My own observations would lead me to infer that what has been so generally called *the* epidemic is not one specific fever, but three fevers, especially different in their exciting causes; and these fevers are, namely, typhous, proceeding from a specific contagion, the common continued fever, proceeding mostly from atmospheric influences, and a peculiar fever which arises from the huddling together of many human beings, in confined and filthy situations."—Page 162, Leland's edition, 1829.

Cullen's love of system, which happened to lead him in a direction opposite to that taken by Sauvages, who magnified symptoms into species, evidently blinded him to the most obvious distinctions. Otherwise it would be difficult to account for the emanation of the following remark from so distinguished a source: "The most common form of continued fevers, in this climate, seems to be a combination of these two genera; (the inflammatory and nervous,) and I have therefore given such a genus a place in our Nosology, under the title of Synochus. At the same time, I think that the limits between the synochus and typhous will be with difficulty assigned; and I am disposed to believe that the synochus arises from the same causes as the typhous, and is therefore only a variety of it."—lxix Reid's edition.

Dr. Mackintosh, whose position must have afforded him abundant opportunities for observing the phenomena of typhous and typhoid fevers, seems to have been led by his contempt for definitions to the rejection of nearly all the distinctions made by authors on the subject of fever, particularly the numerical attenuations of Dr. I. Mason Good. His silence on the subject of typhoid fever, I should more naturally have imputed to the absence of an epidemic manifestation in Scotland during his period of professional activity, had not his cotemporary, Dr. Perry of Glasgow, have written very fully on that subject. The observations made by Dr. Mackintosh on the relations of the maculæ in adynamic fevers, to the condition of the mucous tissue of the lungs, coincide so nearly with re-

marks made by myself that I insert them: "In all the fevers which are called putrid, and which are accompanied by dark-colored spots on the surface of the body termed petechiæ, it will be found, I am almost inclined to say, invariably, that bronchitis prevails to a great extent. The circumscribed and somewhat livid redness which is seen so often in the fevers called typhoid, is principally owing to the embarrassed state of the lungs."

In the English edition of Marshall Hall's Practice of Medicine, a similar degree of confusion is found to exist. The obscurities in that work in regard to the duality of typhous and typhoid fever, have been effectually cleared away by his American annotators, Drs. Bigelow and Holmes of Boston.

A reperusal of Southwood Smith, since being engaged in the preparation of this report, has caused me to doubt his familiarity with the typhous of Pringle, for many of his cases given in illustration of the different degrees of typhous fever are certainly well described instances of typhoid disease, originating from malaria and epidemic causation: more sudden in its attack, more violent in its course, and more abrupt in its termination. In this opinion I know I dissent from excellent authority, (Dr. Bartlett.) Speaking of typhous mitior, with acute cerebral affections, he says, "during its progress, erysipelas, first appearing on the face, then extending over the scalp, and often down the shoulders and back, is very apt to occur." Among the "accidental events" which occur in the progress of fever, he adds, "in severe and protracted cases, and often coming to destroy the hope that was beginning to spring up in favor of the patient, erysipelas is no unusual visitant. It is the outward and visible sign of an inward and always most formidable disease."

This, I venture to assert, is never an attendant upon true typhous, unless the patient after being inbued with the fomites of this disease, is exposed to an atmosphere pregnant with the poison of erysipelas. Such cases then so much more nearly resemble those of typhoid fever, that the diagnosis becomes exceedingly difficult. This, the poison of erysipelas, is the element which converts the paludal fevers of this country into cases of typhoid fever. This is the principle which occasions the adynamic form of inflammations, from whence effusions take place into various portions of the cellular tissue, and gives the sizy (not buffy) coat to the blood in pneumonia typhoides, sometimes the contagious character to typhoid fever, and to typhous fever the appearance of an epidemic.

In order to show that the views I have taken of this subject, the distinctness of typhous and typhoid fevers, and the

cause of that distinctness, and which views I have labored in this report to enforce, are not heretical, though announced less explicitly by any one else, I have gleaned the following remarks from the writings of others, extracted from such sources as I happened to have at command, chiefly from the Transactions of the American Medical Association, and have placed them in their present relation to each other for that purpose as well as to show how a common cause of disease, such for example as malaria, when influenced by atmospheric variations, by epidemic meteorations, by violations of hygenic laws, or by the temperament of the individual affected, may produce varied, and to the uninitiated observer, apparently contradictory results. The histories of epidemics, as far back as the time of Hippocrates, have furnished instances of a reigning power in some one form of disease, which, like the rod of Aaron, swallowed up or incorporated into itself all its cotemporaries, inspiring dread and impressing its name upon the era in which it appeared.

"During the prevalence of spotted fever in New England, the *typhous*, (typhoid) fever was also more frequently met with than usual, appearing in many instances with its ordinary symptoms; in others the symptoms resembled those of the former disease."—Copland, vol. i, page 1179.

"In some parts of the country, when complicated with bronchial affection, it (spotted fever) went under the name of *typhoid pneumonia*."—Copland vol. i, page 1180.

"Since the disappearance of the *spotted fever* in 1812, typhous has prevailed sporadically, to a greater or less extent, over the whole of New England; assuming, however, a variety of grades and forms, but answering to a common type."—Copland, vol. i, p. 1191.

"It (typhoid fever) sometimes occurs at the same time that an epidemic or autumnal remittent or typhous exists."—Gerhard.

"In a good paper upon the diseases of Dallas county, Alabama, we find a disease of low type, called typhoid fever, in which the very marked remissions and the early convalescence or death induce us to have a doubt of the correctness of the diagnosis."—Trans. Amer. Med. Association, vol. iii, p. 133.

"When I see the two forms of disease, typhoid fever and dysentery, intermingled in the same epidemic, in the same family, at the same time; and when I observe the exposure of persons in health to the disease in one form, followed by its appearance in the other form, I cannot resist the conviction that they are essentially the same disease."—Joseph Reynolds, M. D., transactions of the Amer. Med. Association, vol. p. 143.

Dr. Fenner, in the 4th volume of the Transactions of the American Medical Association, after expressing the opinion that *yellow fever* is not a disease, *sui generis*, but *only one of the varieties of endemic malarious fever*, asks this pertinent question, "Has any new and distinct disease made its appearance in these places?" alluding to the cities of Charleston, Augusta, New Orleans, Mobile, Natchez and Vicksburg. "Or have we only witnessed *a slight modification of our customary endemic fevers, which, though extensively prevalent, have been unusually mild?* In my opinion, the latter is the true position." This in reference to the disease of 1848.

"In 1849, the general character of the endemic fever was much the same and went mostly by the same name—nearly all the cases that recovered were called *dengue;* and nearly all *fatal*, were called *yellow fever*."

To give an idea of the protean form of this disease called dengue, breakbone fever, and neuralgic fever, in America, and, by Drs. Cocke and Copland, Scarlatina Rheumatica, it will be sufficient to introduce the names given to the eruption which was one of the characteristic symptoms, according to Professor Dickson, although by no means a diagnostic sign. This accomplished teacher and writer arranges his description of the eruption under the following heads: *Scarlatinous, Rubeolous, Erysipelatous, Variolous or Varicellous, Lichenoid, Papulous, Phelgmonoid, Miliary, Urticarious, and Purpurous.*

The same elegant author, in his essay "On the Blending and Conversion of Types in Fever," remarks, "but this *blending* is not confined to these connate types of fever." "Holland describes a mild form of typhous, with intermittent symptoms, both tertian and quotidian in type, and often very regular in period, the tendency to which seemed more common when the disease was abating." He also quotes Lempriere, who admits the existence of a distinct disease in the West Indies, usually showing itself in crowded ships, partaking of the character of both yellow fever and typhous, and, like the latter, contagious.

"We are now prepared to appreciate correctly the phenomena of apparent *conversion* of types. Of numerous attacks which commence in the same way, the course, history, and ultimate termination may be strikingly diverse. Invading with the ordinary symptoms of climatorial, autumnal bilious fever, one shall retain its periodical malarious character, ending as it begun, with the symptoms of a simple remittent. Another losing these features in a protracted course, shall grow more and more continuous, and ultimately put on all the appearances of maculated typhous; or present the meteorism

and abdominal disorder of typhoid, with intestinal ulceration, shown *post mortem;* and a third shall sink promptly into profound collapse, dying with orange-yellow skin and eyes, and black vomit."—Dickson.

I can myself bear testimony to the truthfulness of the learned professor's sketch, and unite with him in the exhibition of fact, but must separate from him in the matter of opinion. What he would consider as cases of conversion, I should regard as instances of the blending of symptoms, occasioned by the meeting of distinct morbific agents, by which not only the type of the fever, but the grade of action may be regulated.

The committee on epidemics, for New Jersey, in 1852, (Dr. Parrish,) remarks, "From four of the counties in this region, reports have been received, which state that the diseases of the last year have been of a typhoid type, and that dysentery was in some localities especially fatal."

In the same report, Dr. I. Henry Clark, of Newark, N. J., speaks of what he calls "The Winter Miasmatic Fever," which he likens to the dengue of South Carolina; sometimes having dysenteric symptoms, at others those of influenza, but adynamic in character, and prone to take on a typhoid condition.

Following through the reports of the committees on epidemics for 1852, from Pennsylvania to Louisiana, including Delaware, Maryland, South Carolina, Georgia, Alabama, Kentucky, Tennessee, Ohio, Indiana, Michigan, Mississippi, Arkansas and Texas, we find constant mention of the subject of typhoid fever, either as prevalent in certain localities, or as appearing in others in connection with erysipelas, with pneumonia, dysentery, cholera, parotitis, with dengue, and even with yellow fever.

This consociation, so generally noticed, of diseases nosologically distinct, in such an extent of territory, either proves that an interfusion of species, of genera, and even of orders, according to some arrangements, do take place under the concurring influence of general and local causes, educing new forms of morbosity; or else, that the professional mind of the whole country is involved in worse than Babalonian confusion. The latter proposition is too absurd to be entertained.

It is known that the geology of a country influences and gives character to its vegetation, that the food of plants will change the tints of their inflorescence and affect the quality of their fruits; and we have equal reason for believing, that in diseases, where the same fidelity to caste is not to be looked for that we find in the vegetable creation, we should look to

the climate of the country in which it may occur, to the mode of living of its inhabitants, the epidemic influences which may be prevailing therein at the time, for such modifying influences as would render the most faithful description of a particular form of disease to be found in one portion of a country, extended like ours, in many respects unsuited to another.

Although it may appear presumptuous in an unpracticed writer like myself to call in question the accuracy of opinions expressed by gentlemen so distinguished in the profession, as Mackintosh, J. M. Smith, Marshall Hall, Gerhard, and Southwood Smith, on a subject so important, as that which engages our attention this evening; still when the authority of bright names may lead through the guidance of speculative ideas to errors in practice, we deem it to be a duty to call the attention of junior members of the profession to the discrepancies in opinion to be found among physicians, with a view to reconcile them to each other, or explain away their injurious effects.

Our reasons why Cullen and Mackintosh adopted certain generic names have already been hinted at. The other gentlemen we think have written without having had the same opportunities for comparing these forms of disease with each other, as have fallen to our humble lot; and this I apprehend to be true of the learned author of the Report on Practical Medicine, (Prof. J. M. Smith,) made to the National Medical Association in 1848. He has undoubtedly had ample opportunities for the study of typhous fever in the harbor of New York, but I doubt very much whether the typhoid fever of rural districts has ever prevailed as an epidemic to any considerable extent in that city, during the years to which his personal recollections extend. In his remarks on the nature of typhus, he omits one important means of arriving at a correct judgment, and that is a consideration of its etiology; an omission which might have been excused in a less popular writer and a less practical teacher, if engaged in the same labor of striving to establish the identity of typhous and typhoid fevers. Leaving behind him the enquiry into the causes of both these forms of disease, he proceeds to combat the anatomical doctrine of M. Louis, so ably defended by Dr. Gerhard, and succeeds pretty effectually in overturning the foundations on which that school of pathologists has built its distinctions.

Forced then by the testimony of others into the same position, we were led by our own experience and reflections to reaffirm our belief, and repeat the declaration, that there is an adynamic form of fever, arising from an animal poison, and an adynamic form of fever arising from malaria, and modified by an epidemic meteoration, or originating from an epidemic

cause and modified by malaria, which being distinct in origin, must be so far distinct in nature as to require in their earlier stages different modes of treatment, no matter how closely they may approximate each other, when they have each had time to pass from synocha to typhus, under the influences of the effete materials retained in the tissues, the secretions or the circulation.—*Pen. Jour. Med.*

Retrogression of Cancer.

BY T. M. MARKOE, M. D.

The complete resolution of a cancerous tumor, and the return of the part affected to entire physical soundness, has not yet been known to occur. This fact, however, is rendered somewhat less discouraging when we consider, that a tendency towards a favorable result has been observed by many high authorities. Not to allude to the numerous instances in which an arrest of development has taken place in tumors evidently cancerous, in which the disease has remained stationary for an indefinite number of years, there are now on record several cases in which, after cancerous tumors had reached a certain point, they have begun to diminish in size, the pain and other symptoms have ceased, and the affected part has shriveled down so as to present only the traces of previous disease. Cruveilhier gives an account of two cases of cancerous mammæ in which the above history was observed, the disappearance of the diseased action in the breasts being followed by developments of cancerous disease in other situations. Dr. Bennet of Edinburgh recognizes the possibility of the same occurrence in the history of cancer. His cases are particularly interesting, from the fact that the microscopical investigation of the portions which had become obsolete, seem to show very clearly the mode in which the cell structure breaks up and loses its peculiar character as the disease subsides. His cases however want one element of value, in that they present only the microscopical appearances of the parts, without any corroborative evidence from the previous history of the case. Dr. Walshe speaks of similar cases, and alludes in particular to one of those recorded by Cruveilhier. Lebert, though he acknowledges that atrophy is occasionally observed in cancerous tumors, does not draw thence any encouragement as to the curability of the disease;

for, as he justly remarks, every case of atrophy has been followed or accompanied by the appearance of the disease in other parts, by which the patient was finally destroyed, and at the same time the nature of the disease elucidated. Still, I cannot help regarding the establishment of the fact that cancerous tumors may retrograde and become obsolete, as of great interest and importance; and though I would not thence deduce the curability of cancer, I would derive a doubt as to soundness of that decision which pronounces that in any case where a tumor is resolved in whole or in part, the disease is thereby proved not to have been cancerous. To the few cases on record of the retrogression of tumors which were evidently cancerous, I wish to add the following, the investigation of which has been a matter of great interest to me:

Mrs. B., æt. 51, born in England, consulted me in the fall of 1851, about some symptoms of gastric derangement from which she had been suffering for several months. In sifting the history of her case, she gave me the following account of her early symptoms. About the year 1845, she discovered a slightly discolored spot on one of her breasts, near the nipple, which soon assumed the feel and form of a tumor, and at length grew to occupy a large part of the mamma. Soon after its appearance in the first, a similar tumor was discovered in the other breast, which went through a similar course, without inflammation, without redness, and during the early periods, without much pain. At a later period, a great deal of pain was felt, though the breasts were hard and insensible on being handled. After attaining about the size of the fist, the increase was very slow; and about four years from the first appearance of the disease, she came to this country. Her general health at this time was not impaired, and for a year or more after her arrival, very little change took place in the size of the tumors.

She then used a nostrum in the form of an external application to the breasts, with the apparent effect of very much improving their condition. Its use was continued during several months, the tumors diminishing in volume, the skin over them becoming shriveled and of a horny consistence, so that the nipple had the appearance of a dry, hard, warty excrescence. They also became much less painful, and the substance of the breast seemed to have been flattened down against the ribs. They had a tough, firm feel, with indurated ridges passing from it.

At this period she came under my care, not, however, on account of her diseased mammæ; for these she considered in

a fair way of being cured, and in fact they gave her no present inconvenience. She complained principally of vague, irregular pains in the epigastrium and hypochondria, with some signs of labored digestion, and, in particular, a great deal of flatulence. The uncertainty of the seat and character of the pains, and the absence of corresponding signs of functional derangement, aroused the suspicion of abdominal cancer. No tumor or induration could be discovered. The symptoms increased, uninfluenced by regimen, diet or remedies; and, after a few weeks, peritoneal dropsy commenced, and made rapid progress. Remedies, among which was mercury carried to salivation, only temporarily relieved the accumulation. It finally became necessary to draw off the fluid, and twenty-one quarts were removed. Some threatening symptoms of peritonitis came on after the tapping, but happily were soon dissipated. The fluid reaccumulated, and in five or six weeks it became necessary to tap again. Twenty-two quarts were obtained, no unpleasant symptoms following. The tapping was repeated at intervals of from six to eight weeks, nine times previous to her death, the quantity of fluid increasing each time, until, at the eighth operation, thirty-five quarts were drawn off. After each operation, while the abdominal walls were completely relaxed, a careful examination of the viscera was made, without discovering any tumor or alteration in the physical condition of any of the viscera until after the eighth tapping. It was then noticed that the coils of small intestines felt unusually distinct and firm, so much so that they seemed more like rolls of sausages than like hollow tubes. This, at the time, was explained by supposing that the coats of the intestines were thickened by infiltration of serum. During the latter months of her life, she suffered very much from pain and distress in the upper regions of the abdomen, which increased with the distention, and was partly relieved by tapping. The appetite had been very irregular during all her sickness; but after the eighth tapping she was attacked with vomiting, or rather with rejection of food, so constant that she failed rapidly from inanition. She died, a few days after the ninth tapping, about the end of February 1853.

Post-mortem Examination.—Three or four quarts of thin transparent serum were found in the abdominal cavity. The whole peritoneal surface, visceral and parietal, was studded with tuberculous looking masses, flattened and rounded, closely set together, varying from the size of a pin's head to that of a pea; and scattered here and there upon the surface, were thin transparent vesicles, containing clear serum, of a

size varying from that of a pea to that of a walnut. Around these little masses, were seen small zones of delicate vascularity, which, when contrasted with the pale yellowish pearl color of the tumors, presented an exceedingly beautiful appearance. The various surfaces were here and there agglutinated by bands and layers of organized lymph. This, however, was in a very small proportion, the general surface of the peritoneum having its usual shining smooth appearance, where it was not covered by the tumors. The principal seat of the deposit was the surface of the small intestines, the anterior parietes showing least of it. The substance of the liver was healthy; but on tracing the portal vein, it was found compressed by the deposit of new matter between the membranes in which it is enclosed, as it runs from the mesentery towards the liver. The vein itself was healthy, but the deposit in the sheath was sufficient, by compression, materially to diminish its calibre; a circumstance which very satisfactorily explained the dropsical tendency. All the coils of intestines were moulded out, and stood in relief, as if their cavity had been distended by some solid injection. This was found to depend on the thickening of the coats, which were infiltrated apparently by the same deposit as that around the portal vein. This thickening of the coats was most marked in the rectum, and was here so great, that the intestine, when felt between the fingers, seemed a solid cord. The mucous membrane, throughout, presented no remarkable appearance.

The tubercle-like masses above described, were particularly abundant on the pelvic region of the peritoneum. The surface of the uterus and ovaria were very thickly studded with them, and the ovaria presented an unusual number of the serous cysts. One fallopian tube had been caught over one of the cysts, and in its growth had become stretched out in a broad layer over it. The substance of the ovaria was knobbed and irregular, from the same deposit above described; and, with the exception of the ovaria, the portal sheath, and the coats of the intestines, the foreign matter was not found in the substance of any of the abdominal organs. The lungs presented one small tubercle, of probably the same nature. Another, as large as half a pea, existed in the wall of the right auricle. No true tubercles were found. Brain not examined.

It should have been mentioned that, for some months before death, small subcutaneous tumors, hard and insensible, had been growing over the shoulders and back. These, on section, seemed to be of the same structure and appearance as the deposits within the abdomen.

On section of the mamma, the knife passed through a very dry, dense, whitish-yellow tissue, which gave the appearance of condensed fibrous tissue, and creaked under the scalpel. This substance spread, in a layer about one-third of an inch thick, over the space occupied by the mammary gland; and to it the shriveled, horny nipple was attached. No trace could be perceived of the normal structure of the gland. On maceration of the specimen in diluted alcohol, the horny substance of the nipple and of the surface of the breast swelled out into a soft, white, friable, flaky detritus, showing its epithelial character.

Dr. Alonzo Clark had the kindness to make for me a very thorough and careful examination of the specimens under the miscroscope. He considered the peritoneal tumors as cancerous: the other portions, though probably of the same nature, not giving distinct evidence of their cancerous character. He found that the peritoneal tumors were "mainly composed of a fibrous structure, the fibres being of the firm, silky variety. These fibres at points separated, leaving meshes, which were filled with cells. In some of these meshes there was but one cell, in others several. They varied in size, from the 1-2000 to the 1-100 of an inch in diameter. There were floating free, in the fluid in which the specimen was moistened, a few mother cells; i. e., cells of more than the usual size, and containing other cells. 2d—The structure was in part made up of cells of about the size of blood corpuscles, some of them granular in whole or in part. A number of these cells were oval, having one diameter from one-half more to twice the length of the other. There were other oval cells with clear nuclei. Some of each of these two kinds of cells were found to be elongated into fibres, at one or both extremities. 3d—Cells of a much larger size, and most of them granular or nucleated, their diameter being three times that of the round ones just referred to. 4th.—There were a few caudate cells. All these cells contained fat. The mammæ presented no satisfactory evidence of cancer. There was some of the white fibrous tissue, and yellow, elastic, round fibres in considerable abundance, that did not exist in the peritoneal specimen, and several cells of about the diameter of the 1-800 of an inch, some of them appearing as if they were about to decay, others having a recent, fresh look. On examining the thickened rectum, there was scarcely any trace of proper muscular structure remaining. The muscular tissue was apparently replaced by—1st. An increased amount of fibrous tissue; 2nd. An almost countless number of small cysts. These were found in dif-

ferent parts of the intestines, and presented various appearances. In the rectum, they were mostly rounded, and so placed with reference to the fibres, that the fibres parted, surrounded them, united again, and continued on. Sometimes three of these cells were lying in apposition, and at other times they were isolated. The cells were all filled with very minute, uniform sized granules. In the small intestines, the cells were almost all elongated, and much smaller in size. The mammæ presented no trace of the grand structure. The small granular cysts in the muscular substance of the rectum, have not, as far I am aware, been described by any observer."

After the meeting of the Pathological Society, at which the above case was related, my friend, Dr. T. F. Rochester, mentioned to me a case which had recently occurred to him, in which a partial resolution of a cancerous tumor occurred, under somewhat similar circumstances. A few days after, he sent me the following account of the case.

"A maiden lady, 46 years of age—March 24th, 1853—came under my care in February 1852. She had, unquestionably, cancer of the left breast, involving the glands of the axilla of the same side. She died on the 19th inst. The cancerous breast had ulcerated four or five months before I saw it, and from the raw surfaces, or rather surface (for it was continuous, and extended over a space of at least three inches in diameter,) there was a constant, profuse and offensive discharge. Sloughing and severe hemorrhages were frequent. The gland, however, did not diminish, but steadily enlarged, the sloughing carrying off only portions of the exuberant growth, and less rapidly than it was formed. That portion of the gland which was covered by unbroken skin was of stony hardness, as were also several small tumors situated in the skin in the vicinity of the gland. The right mamma was unaffected. About two months before the patient's death, symptoms of cancer of the stomach or œsophagus, or both, declared themselves, and were soon fully developed. As they progressed, the sloughing, the discharge, and the hemorrhages from the breast diminished, and the size of the breast itself became very sensibly less. The discharge ceased entirely, during the last week of the patient's life; and at the time of her death, the diseased gland was at least two-thirds smaller than it was three months before. As this diminution did not depend upon ulceration or sloughing, and as all the symptoms of cancer of the stomach, save one, were present, I think it fair to infer that the disease invaded the stomach itself; but whether that was by extension or transfer,

I could not ascertain, as an autopsy was not permitted. The symptom wanting was, the absence of any tumor or hardness in the epigastric region. My reason for supposing the œsophagus involved, arose from the extreme difficulty the patient experienced in swallowing. After a time she could only take liquids, and those in very small quantities. If she attempted a tablespoonful at once, two-thirds of it were returned by regurgitation."

It must be confessed that, although in this case it is extremely probable the gastric symptoms were produced by the invasion of the organs by cancerous disease, yet the fact is not clearly proved by the evidence. This, however, is of secondary moment in the present investigation, the point to be established being the possibility of a resolution of a cancerous tumor, be that resolution produced as it may. In conclusion, I would allude to another series of facts bearing on the point in question, viz: the disappearance and apparent cure of malignant tumors which has occasionally been noticed after the main artery leading to them has been obliterated by ligature. This has now been noticed so frequently as to settle the point that the local cancerous action may retrograde, whatever the ultimate result may be.

New York Medical Times.

Elimination of Lead by Iodide of Potassium.

BY J. OUTRAM, JR.

The value of iodide of potassium, as a therapeutical agent in cases of lead and mercurial poisoning, is now well known, many cases having been cured by this treatment alone, in our hospitals. M. Melsens (the originator of this treatment) has given several cases of both lead and mercurial poisoning, which he had treated successfully by this means. He was of opinion that the metal was acted upon by the iodide of potassium converted into a soluble salt, and eliminated through the kidneys. To prove this to be the case, the metal must of course be found in the urine. This M. Melsens did not show, as he did not examine the urine chemically.

I have lately had an opportunity of examining the urine of several patients at the city hospital, who have been under the above treatment for lead disease, and the experiments have entirely corroborated M. Melsens' theory, viz:

That the lead *is not* eliminated before treatment; and,

That it is elimited in the urine after treatment.

The following is the process to which I subjected the urine. I evaporated it to dryness, and burned the residue until all the organic matter was driven off. This residue I boiled in diluted nitric acid, filtered, and then precipitated the lead by a stream of sulphureted hydrogen gas. Where the metal was present, it was thrown down as a black sulphuret.

I examined a number of samples of urine before the patients had been put on M. Melsens' treatment, and could not detect any trace of metal; while in those examined after treatment, the evidences of the metal were well marked. Sometimes, however, the lead could not be detected until the patient had been under treatment for some time. In most of the cases in which I detected the metal, the patients had been under treatment for at least four days; but in one case, which I examined every second or third day, from the time of his admission into the hospital, it was about two weeks from the time of his being put on treatment till the time I first detected the metal in his urine. The dose of iodide of potassium that was given in those cases was ℥ i daily, in divided doses.

There was one patient to whom iodide of potassium was given for another cause, lead not being suspected in his case. After a few days, the characteristic blue line appeared on the gums, and in a day or two afterwards, I detected lead in his urine.

The quantity of urine examined each time was not less than six ounces. I have examined twelve cases from the hospital, and three or four from private practice, and all of them with highly satisfactory results.

Temporary and complete Amaurosis.

Henry Woods, æt. 23, colored, seaman, was admitted into the hospital on the 14th of September. He stated that on the day previous, after eating some fruit, he was seized with severe colicky pains in the abdomen, which were soon after succeeded by utter blindness. The eyes appeared to be perfectly healthy, and were free from pain, the pupils sluggish in their action, and somewhat dilated. On examination by the attending surgeon, he was found to be laboring under simple colic, dependent upon improper food. The tongue was white and pasty; the abdominal pain paroxysmal and characteristic. He had vomited freely. Bowels had not acted for several days. The blindness was regarded as probably symptomatic

of the intestinal irritation. Cups were ordered to temples and back of neck, and an active mercurial cathartic administered. On the following day the bowels had been freely relieved; no longer colicky pains, and there were symptoms of returning vision. No pain or tenderness of abdomen.

On the third day the eyesight had returned, and he was discharged completely cured, one week after admission.

No symptoms could be detected in this case of the presence of any poisonous substance in the stomach.

N. Y. Med. Times.

Clinical Lectures on Fever.

BY WM. STOKES, M. D.

Gentlemen—It has long been my wish to deliver in this hospital, a course of clinical lectures on fever. There are many reasons, as we shall presently see, why a course of this kind will be of value to you; and this institution is particularly well adapted for this branch of study, in consequence of our having fever wards attached to the general hospital. Among the many circumstances which render Dublin, in my opinion, one of the most advantageous places for medical and surgical study, is this, that here we have fever wards in connection with some of the medical and surgical hospitals. I do not know, except in Edinburgh, of the existence of a similar arrangement.

Although, in the ordinary course of our clinical lectures, we have repeatedly had occasion to refer to fever, I have never before attempted giving a distinct course upon the subject, my reason for which was, that I did not feel myself competent to do so. But now, after a close attention to the fever wards of this hospital since the year 1827, I think that I have sufficiently matured my opinions on the subject of fever, to justify me in venturing to teach to a medical class the outlines of our knowledge on this subject.

In contrasting the opinions which I now hold on the subject of fever with those which I ventured to deliver when I was a much younger man, and engaged in lecturing on the Practice of Medicine in the school of Park street, I find that there is considerable difference between my present opinions—which have been gradually, and, as it were, imperceptibly forming and growing, and those which I entertained so long ago; this

proves the great necessity of not venturing to teach such important subjects as the nature and treatment of fever, until our judgment has been matured by a long and practical experience.

I am particularly anxious to draw the attention of the surgical student to this branch of medicine; for when we consider the enormous extent to which fever prevails over the world, and also that it is in itself a special study, we cannot help believing that the surgical student who has not learned fever, no matter how ably he may have been educated in surgery, and in the history of the idiopathic diseases, has really but half learned his business. The surgical student who has not been taught fever, is in this position: the doctrine of the universality, or of the extraordinary importance, whichever you will, of inflammation, has been impressed on his mind in every way in which it could be impressed; the ordinary practice, in the commencement of a course of surgery, being to occupy the student for many weeks with the history of inflammation. Inflammation is thus placed in the foremost rank: it is the first and great thing to which his attention is directed, and naturally, to the young mind, it appears that it is the key to all medical and all surgical knowledge. It is further impressed upon his mind by the surgical works that he reads—not merely the practical works on surgery, but the systematic works; and it is still more impressed upon him by the kind of experience which he gets during a considerable part of his studies. That experience is experience obtained in a surgical ward, in a surgical hospital; and it is very natural indeed, that under these circumstances, he shall believe in the universality and importance of inflammation. He sees in a surgical ward acute ophthalmia; he sees the effects of an injury; he sees the process of reparation of a wound; he sees the process of cicatrization, and he sees little else; and having gone through his medical studies, he finds himself in this position, that he knows *nothing but inflammation.* In fact, he has been taught nothing but inflammation, he has seen little else but inflammation, and he *believes* in little else than inflammation. A great many students are educated in this way, and they go forth to the world ignorant of two facts in practical medicine and surgery, the importance of which cannot be overrated. The first is, the existence of an enormous number of acute and dangerous diseases which are not inflammatory—of diseases, as I said before, which are acute, which are dangerous, and still further, which are febrile. The idea has never been impressed on the mind of the student—that there may be a local disease, an acute disease, a

febrile disease, a most dangerous disease, and that that disease shall be not only not inflammation, but something the very opposite of inflammation. When we consider that it is in the various forms of fever that these conditions are met with, and when we recollect the enormous extent to which fever prevails over the world, we are justified in declaring, that when we compare the inflammatory local diseases with the non-inflammatory local diseases, the former fall immeasurably short of the latter in number and importance. The other great fact, putting aside what I have now said with respect to the existence of this large class of diseases which are not only not inflammatory, but something the opposite of inflammation, is that the student has not learned the danger of exclusive antiphlogistic treatment as a rule in the management of ordinary idiopathic inflammation. In consequence of not having to deal with those local diseases which require, not the lancet, not starvation, but, on the contrary, tonics and wine, he has never become accustomed to the use of stimulants and tonics, and hence in the management even of the ordinary inflammatory diseases, he is timid in the use of those measures, and he is too often rash in the adoption of the common rule of antiphlogistic treatment.

If we consider the origin of the doctrine which has so long prevailed in our schools of surgery and of medicine, though not to so great a degree in the schools of medicine as in those of surgery, that inflammation is the cause of so many diseases; and when we look back on the causes of the general adoption—the blind adoption I may say—of the antiphlogistic treatment, we find that these unfortuuate conditions of opinion sprang from many sources. Among the chief of these causes was the superaddition of the inflammatory doctrine to that of solidism, so that the ruling dogma of the day was the doctrine of solidism *plus* the doctrine of inflammation. In order to get a clearer notion of this matter let us go a little back. Before pathological anatomy became a science, it was held that a large number of diseases depended on alterations of the fluids. But when anatomy was directed to the investigation of disease, medical opinion rapidly underwent a change, and solidism succeeded to humoralism. Disease was then an alteration of the solids, the living tissues of the body. Now, I wish to impress strongly upon you that solidism, as it was then presented, soon came to mean more than its original name would imply. For the same mode of investigation which established the frequency and variety of alterations of the solids, showed that in a large number of cases a common character prevailed, which was recognized as the result of an inflamma-

tory action. Thus, in the early, I might even say, the middle periods of pathological anatomy, solidism implied not only that disease was an alteration of structure, but that that alteration was of inflammatory origin. This paved the way for the introduction of the so-called physiological doctrine, which referred all diseases to alterations of vitality, not general as affecting the whole system, but local, not differing by any special characters, but in degree only. A disease was then either a *plus* or a *minus* vitality in the affected organ, and its symptoms were explained by the sympathies of that organ; but as so many diseases were attended with vascularity, deposition and increased sensibility, it was inferred that the vast majority of local affections, indeed all important diseases, were examples of an augmented vitality in the part. This doctrine spread rapidly, and there were many reasons why it should do so. It was specious, simple, and had for its founder a man of extraordinary energy and eloquence. In this world any doctrine that has an energetic and eloquent apostle, will not want for converts, and Broussais was a man of great talent, experience and practical knowledge. He was, however, deficient in reasoning power, and, in my opinion, he was also a very imperfect pathological anatomist. The doctrine became popular from the facility which it promised in the treatment of disease; for as the great majority of diseases were symptomatic of the *plus* vitality of some organ, we had only to discover the part in which this excessive life was seated, and to remove it, of course by antiphlogistic treatment. When the investigations of this pathological anatomist and his followers were directed to the examination of fever cases, it was found on the continent more especially, that local disease frequently existed in the gastro-intestinal tube. At once, then, the doctrine followed that fever formed no exception to the rule; that it was symptomatic of a *plus* vitality of the gastro-intestinal tube; and you were led to believe that fever could be at once cured by leeching, by starvation, by poultices to the belly, and such means. It is curious, that there are some circumstances connected with fever which greatly tended to prop up this doctrine. We shall see, by and by, that an essential condition of fever is periodicity; that it is a disease which has a tendency to spontaneous termination at a given time. It is like a paroxysm of ague, only prolonged, as it were—this will give you the best idea of fever. This mysterious law of periodicity implies that the system has a power of curing itself, that is to say, that the diseased action will spontaneously subside. This is termed crisis. Now, it is found that there are a variety of circumstances which inter-

fere with the operation of this extraordinary law of spontaneous cure. One of these is the existence of a local irritation in any part of the system.

We see this remarkably exemplified in cases of ague. You will very often find, that in cases of intermitting fever, the treatment by bark will not succeed, and when you come to enquire what is the cause of this, you find that there is some local inflammation present. If you can remove that local inflammation, then the treatment by bark succeeds. Broussais appealed strongly to the following fact—that in cases of fever, after free depletion of the abdomen, the patients speedily recovered. So they did; but the nature of the fact was misinterpreted. Those patients had a local secondary disease in the intestine, which interfered with or prevented the operation of the law of periodicity. When you modified or removed that local disease, the law of periodicity came again into action, and the patient recovered. The fever did not subside because it was symptomatic of a disease of the intestine; but it subsided because the disease of the intestine being removed or modified, it was reduced to its normal state, as it were to its state of simplicity, and then the law of periodicity was enabled to act. This doctrine was received extensively on the continent, extensively in America, and in England and Ireland, but not so extensively in the schools of the two latter countries. There was a much greater reluctance to the reception of the physiological doctrine in this country and in England than on the continent, or in America, and this is highly creditable to the British and Irish medical mind. Many reasons might be adduced to explain why this was so, but we shall not enter at length into them. I may, however, observe, that English medicine had received a great degree of excellence from the writings of the old masters in England, from the writings of Fothergill, Sydenham, Haygarth, and other men of that order. Those great medical observers had, unknowingly, taught the true medical philosophy. They had taught a rational eclecticism, and hence they implanted in the minds of British medical investigators great reserve and great caution in the reception of new doctrines. Still, however, upon the younger members of the profession the doctrine had a wonderful influence. A large number of the junior members of the medical and surgical profession in this country, during the last quarter of a century, or perhaps the last half century, were strongly imbued with this doctrine, and went forth to practice over the world, influenced by this theory of inflammation being the sole cause of diseases, and believing that the whole practice of medicine

was reduced to the removal of local inflammation. Another cause, however, I cannot help noticing here. About this time, owing to the unhappy and calamitous division of the profession into medicine and surgery, arose those corporate distinctions that have done so much to retard the progress of science in these countries; exclusive schools of surgery sprang up, and, consequently, as I observed at the commencement, a large and increasing number of young men were educated without having ever seen a case of fever. They were educated in surgery; they were educated in a surgical ward, and were sent forth naturally advocates of inflammation, because they had seen nothing else. They had seen nothing but inflammation; they had been taught nothing but inflammation; they knew nothing but inflammation; and thus, ill-prepared, they went forth to combat fever—that disease which numbers more victims than any other, over the wide dominions of the British crown, in America, in the West Indies, in Asia, in Africa. These men in hundreds, I may say thousands, went out ignorant of the fearful enemy they had to encounter, and trusting in the teachings which compared the ordinary phenomena of ophthalmia, or those of the healing of an incised wound, or those of the cicatrization of an ulcer, with the symptoms of that terrific group of diseases which embraces the plague, the yellow fever, the bilious remittent, the malignant ague, and the typhous fever. There is nothing more difficult, gentlemen, than for a man who has been educated in a particular doctrine to free himself from it, even though he has found it to be wrong. There is something in the human mind which renders the reception of a doctrine, if it be a bad one, a most dangerous circumstance. It is like the imbibition of a particular poison or miasma. We find that some men having been once exposed to the miasmatic which induce intermitting fever, will for the whole course of their lives, be incapable of getting rid of that poison which has been once received. And thus it is not only with the material but with the immaterial world: thus it is not only with physical, but with moral or intellectual impressions.

There is nothing more difficult than to unlearn. This fastening of false doctrine in the mind is one cause; but there are other causes too. The indolence of many men will prevent them taking the trouble to unlearn. The pride of many men has the same effect; and, above all things, there is this, that a very large number of students, not only of surgery, but of medicine, although they were taught the technicalities of the prefession, the alphabet of their profession as it were, were not taught what is infinitely more important—namely,

how to teach themselves. Now, this is the principal, and ought to be the grand object of every teacher of medicine. I believe that no man can be fully and entirely taught anything. He must teach himself. And what the teacher has to do, and what I have ever set before myself as my highest duty, is to endeavor to teach you how to teach yourselves.

We can easily anticipate what the result of all this must have been; and I believe I am not saying too much when I declare, that a large proportion of the fearful mortality to which our gallant army has been subjected in the colonial service, has been owing to the circumstances to which I now draw your attention—the fact of the medical officers going out with erroneous doctrine fastened in their minds. This name of inflammation is a most unfortune one. It is a great misfortune that the term was given to the process in question. It gives you the idea of a fire which must be quenched by its opposite, water; it gives you the idea of a heat which must be quenched by its opposite, cold; its gives you an idea of vascularity—fullness of the blood vessels—which must be met by measures which will empty those vessels. It gives you the idea of a fever, an excitement, which is only to be met by abstinence, by starvation, or, as the French term it, by *diète absolue*, which means no diet at all. The fact is, gentlemen, that the formula of *contraria contrariis* has as little title to respect in legitimate medicine as that of *similia similibus* in quackery. Both are false; and I really believe that any exclusive application of either formula is both ignorant and mischievous in the highest degree. The next great error was, that although the surgical student had plenty of opportunities of seeing symptomatic fever, he had no opportunity of seeing the essential fever, and he naturally confounded the two together. And hence, here and abroad, for many years the abuse of the antiphlogistic treatment was carried to an extent which it is frightful to contemplate. Conditions of the system which required wine, bark, stimulants, careful nutrition, were met by the lancet, by leeches, and by starvation. I remember when I was a student of the old Meath hospital, there was hardly a morning that some twenty or thirty unfortunate creatures were not phlebotomised largely. The floor was running with blood; it was dangerous to cross the prescribing hall for fear of slipping. The patients were seen wallowing in their own blood, like leeches after a salt emetic; and these disgraceful scenes continued to be witnessed for many years. The terrible symptoms of typhous fever were met by opening the temporal artery, or by a large application of leeches to the head; and over and over again it happened

that the patient died while the leeches were upon his temple —died as surely, and almost as suddenly as if shot through the head. An eminent apothecary in this city assured me, that when he was serving his apprenticeship, there was hardly a week that he was not summoned to take off a large number of leeches from the dead body. This was not an uncommon thing. I mention these circumstances to show you to what extent, even in our own country, the abuse of this doctrine has been carried. It is not so now. Those who have been in the habit of attending fever hospitals in this country will bear me out when I say, that the lancet is an instrument very seldom indeed employed in our wards.

We must now pass in review the chief phenomena of fever. Let us take as a fair type of it, and I am sorry to say that this country is an excellent locality for its study, and has long been so. Fever is to be looked on as a disease to which we can only give a negative character—a disease of which we can say what it is not, not exactly what it is. It is a disease which in its essence may be termed a nonanatomical disease ; that is to say, it is a disease which has no known or constant anatomical character. This is the first great point to be impressed upon your minds.

And why do we say this? Because we meet in every epidemic of fever a large number of cases in which, after the general symptoms have run through their course, in such a way as to justify the belief that they present exquisite and perfect specimens of the general disease, the patient dies, and the most skillful pathological anatomist may dissect the brain, the spinal marrow, the nerves, the pulmonary and gastro-intestinal mucous membranes, the structure of all the solid viscera—every organ you please, and find no anatomical change. I believe, then, that we may go thus far, and say, that when the fatal diseases of the world are considered, the malady which destroys most men is a disease in which there is no anatomical character. You all naturally ask, "If this be so, how did the French school come to commit the extraordinary error of declaring that in every case of fever there was an anatomical character?" The reason is simply this, that they committed a great error in medical philosophy—that of inferring the nature of a disease from the observation of its phenomena in one locality. Had Broussais and his followers studied fever in the wards of the Dublin hospitals, or had they gone abroad and examined fever in the West or the East Indies, or on the coast of Africa, we would have heard nothing of the doctrine that fever was symptomatic of this or of that local disease.

We find, moreover, *that fever is a disease of periodicity*, that it runs a certain period, varying in different epidemics and different individual cases. We find further, that it is a disease in which a double danger affects the patient. One of these dangers is, that of death from simple depression; for so far from fever being a disease of *plus* vitality, it is a disease of *minus* vitality—a general condition, if we may so speak, of *minus* vitality, which of itself is often quite sufficient to destroy life, and the patient may die, and very often does die of debility alone. The poison of fever has thus a directly depressing influence on the system. But there is another condition (and this is what I wish to draw your attention to very strongly,) that in the course of that special mode of life which we call fever, a liability exists to the production of secondary diseases. You will get a good general notion of this by considering the ordinary phenomena of a case of small-pox. The patient is taken ill; he has shivering, pain, fever, and he remains in this state for several days. And then we observe vesicles appearing on the surface, those vesicles filling with pus, afterwards drying, and then disappearing. No man will say that the fever was symptomatic of the eruption. It is exactly the reverse; the eruption is the result of the fever. So it is in typhus. The local diseases are generated by the general. There is this difference, however, between what we term continued fever and the exanthemata; that while in the latter the local disease is almost always, but not necessarily always, accompanied by certain characters—as, for example, in variola there is a certain kind of eruption—in scarlatina and in measles, a certain condition of the skin—it is not so with respect to the secondary diseases of typhus. Now, this is a most remarkable circumstance connected with continued fever, that the secondary diseases are inconstant. They are doubly inconstant, in their seat, and in their amount; and in the same epidemic, we see the greatest possible varieties in the seat and in the amount of those secondary affections. However, between the exanthemata and typhous fever there is this point of resemblance, that the secondary affection is utterly incompetent to explain the general phenomena of the disease. So that we may say, with regard to the secondary affections in typhous fever, that they are inconstant and incompetent to explain the disease. But they are of very great importance. It may be asked what are those secondary diseases?—are they inflammation? The present condition of medical science furnishes this answer: they are not inflammation in a vast number of cases, when you consider them in their early stage, but in many instances, after they have existed in this

noninflammatory state for a certain time, there comes on a reactive irritation, and we have then a mixed condition. This is the history of the ulcerations of the intestine. In the beginning, we find tumefaction and infiltration, but without any appearance whatsoever of inflammation. It has been proved, that in a vast number of cases the disease goes no further, and there is retrocession of the swelling and of the infiltration, just as we see retrocession of the eruption of small-pox; but, in others, the parts into which this typhoid matter has been infiltrated take on a reactive inflammation, and then we have a combination of the essential disease and of the local disease, which is now inflammatory, though it was not so at first. We shall have abundant opportunities of proving this.

The treatment of fever is reducible to a simple formula. *We cannot cure fever; no man has ever cured fever. Fever in this sense may be called incurable, because we don't know how to cure it. It is, however, curable by itself. If you leave it to its own course, it will often cure itself.* The great object, then, is to preserve the patient's life from the dangers which threaten him, pending the existence of this condition of fever—of this special state of life. If you can keep him alive to the fourteenth day, or the eighteenth day, or the twenty-first day, he will recover. What are the dangers that occur in these cases? One I have already pointed out to you—it is the danger of debility; the other is the danger arising from the accidental secondary affections. We cure the patient by preventing him from dying. We lead him on to that period when, by the extraordinary law of the disease, it will itself spontaneously terminate. We prevent him from dying of exhaustion, by food, by the use of stimulants, and by tonics. We save him from the danger which the local diseases may expose him to, by meeting them as early as we can discover them. And herein lies the whole secret of the treatment of fever—to preserve the patient, at the least expense to his constitution, up to the time when, by the natural law, the disease will spontaneously subside.

Dublin Medical Press.

Penalties to which Medical Men are exposed in the discharge of their duties.

Judges, including justices of the peace, are protected in the discharge of their duties; counsel are not responsible for the opinions they deliver, or for the proceedings they advise, and jurymen incur no penalty by returning verdicts even

contrary to evidence. But the medical profession enjoys no such immunity. Medical men, for acts done in the discharge of their duty, are exposed to legal penalties, and may be subjected to vexatious law suits on the weakest and most unfounded allegations. Of this a remarkable illustration is afforded by the case of Rough *v.* Rough, Lyell, and others, tried before the Lord Justice Clerk and a jury, on the 9th of August last.

The circumstances of that case are briefly these:

The pursuer, Rough, was brought from a distance to her mother's house in a state of insanity, in February 1847. Dr. Lyell of Dundee, at the request of her relatives, had several interviews with her, for the purpose of examining into her state of mind; and thereby, and also from enquiries of her relatives and others, and correspondence with the medical man who attended her previously, satisfied himself of her insanity. Accordingly he granted a certificate, on a petition to the sheriff of Edinburgh, for warrant to confine her, and this certificate was subsequently signed by Drs. Moir and Scott of Musselburgh, after they had carefully examined the patient. A warrant was thereafter obtained for her confinement in an asylum, near Musselburgh, where she was in consequence placed. She remained and was treated there down till about August 1850. By that time she had improved in health, and was, in consequence, permitted to remove and board with a family in the village of Ormiston.

Having afterwards recovered, or at least alleging that she was sane, and had never been insane, she brought an action against her relatives and others, and also against the medical men, to recover damages from the former for having wrongfully confined, or caused to be confined, and wrongfully detained, or caused to be detained, in the asylum; and from the latter, for granting their certificates without due enquiry and examination.

Drs. Lyell and Scott (Moir being dead) were compelled to defend this action, and after a costly record had been made up, issues were adjusted, and the cause set down for trial—much trouble and great expenses were incurred in getting up evidence and preparing. The day of trial came. A host of counsel appeared for the parties. A jury was impanneled and the trial commenced. But so utterly groundless was the pursuer's case found to be, that, after two or three of her witnesses had been examined, her counsel gave it up altogether, and the judge had to direct the jury to return a verdict for the defendants, as there was no evidence to go to them.

The result of this triumphant refutation of the pursuer's accusation is, that Drs. Lyell and Scott, for conscientiously certifying what they believed to be true, are amerced in a heavy bill of costs. For, although the verdict entitles them to decree for expenses, that decree will, it is believed, be utterly worthless.

Surely, for such a grievance a remedy should be provided. It is absolutely necessary that medical men should be protected for acts done in the discharge of their duties. As the law presently stands, actions may be raised against them by every half witted creature who falls into the hands of a litigating agent, on the allegation that what they did was done without due enquiry and examination. But it is plain that it must always be difficult to prove due enquiry and examination. For physicians do not generally parade their actings in cases of lunacy, or publish the infirmities of their patients to the world at large. Hence, as the slightest evidence offered by the lunatic throws the burden of proof upon the medical man, due enquiry and examination should be presumed, if malice, or conspiracy, or culpable negligence be not alleged and proved. For these are the essence of crime, and a charge against a medical man of knowingly certifying a sane man to be lunatic is truly a crime. It is plain, that if the prosecutor has a case, proof of malice, or conspiracy, or culpable negligence could as easily be offered as evidence of the want of due enquiry and examination—so the public interest would not suffer; while it is equally plain, that if some such security be not afforded to medical men, they must very often be unduly exposed to actions as groundless, and litigations as vexatious, as this case of Rough has been proved to be.—*Monthly Journ. Med. Science.*

Two Cases of Traumatic Tetanus successfully treated by Ice.

BY B. D. CARPENTER, M. D., LONG ISLAND.

CASE I.

August 22, 1849—E. G., aged 16 years, of good constitution and habits, jumped from a fence on the stump of a twig some half inch in diameter; which made a wound in the ball of the right foot three-fourths of an inch deep. Twelve days after the accident he complained of feeling lame and stiff;

during the night was awakened by a violent spasm; the next day complained of stiffness and soreness of the muscles of the neck and throat, and pain at the scrobiculis cordis; the following night, during sleep, was seized with spasm; and the next morning when I was sent for, I found him complaining of pain in the above region, great rigidity of the whole muscular system, attended with difficulty in swallowing and constraint in moving the head and jaws, and in articulating. During the spasm, the body was curved backward and thrown to one side, the dyspnœa was considerable, pulse full and slightly accelerated, skin warm and moist, bowels costive, urine scanty and high colored.

Administered a purgative, which was assisted by enemas. The patient was then put upon the free use of opium in the shape of Dover's powder, and the bowels kept open by the use of cathartics and injections of ℥ j tinct. assafœtida in a half pint of soap suds, repeated as often as the preceding one came away. This treatment was continued for four days, during which time he gradually grew worse. The tetanic rigidity and spasm increased until the sixth day; when, finding that he must die unless something further could be done to allay the pain and extreme spasm, and viewing the difficulty as being an irritation of the spine, perhaps connected with congestion of the membranes covering the spinal marrow, I determined to apply ice to the head and the whole length of the spinal column, since the whole muscular system was affected. I did so, and in ten minutes had the satisfaction of seeing the pulse come down from 110 to 75, and all the urgent symptoms relieved; the rigidity was gone, and he had but one spasm after the ice was applied; his bowels were kept open, and assafœtida injections were continued twice a day, to allay the irritability of the nervous system, manifested by slight twitchings. No medicines were given by the mouth. The wound entirely healed, and in three days the patient was discharged cured; and his health since has been as perfect as before the attack.

CASE II.

August 11, 1853—A. C., 21 years of age, a robust farmer, in good health, in assisting to remove some old lumber, stepped on the point of a rusty nail, which entered the hollow of the foot to the depth of three-fourths of an inch. The wound was not very sore, and was dressed with some simples by himself; and he remained at work moderately until the 16th, five days after the accident, when he complained in the

afternoon of twitching in that foot and slight pain in the region of the wound and leg of that side. Was quiet the rest of the day, and retired early to bed, but slept none from restlessness, anxiety and slight pains and twitching of the nervous system. On the 17th, felt some pain in the head and through from the lower end of the sternum to the back. I saw him at 6 P. M., and found him complaining of pain as above mentioned, which had gradually increased at the sternum; great rigidity of the muscles of the left side of the neck, accompanied with slight dyspnœa and some difficulty in swallowing. Even at this time there was present the peculiar expression of countenance found in tetanus. Pulse 100 and hard; bowels costive; had eaten nothing; the wound had not commenced to heal, and was covered slightly with a thin, serous discharge. Made a free incision into the wound, and dressed it with a bread and milk poultice, to which tinct. opii was added; ordered 10 grs. of calomel with 10 of rhei, to be followed by pil. colocynth. comp. until the bowels were freely moved, and enemas of tincture of assafœtida, ℥ j every three hours, or as often as the preceding one should be voided, large doses of Dover's powder by the mouth, and to have the neck bathed in camphorated oil and tinct. opii. 18th—7 A. M., found that the bowels had been freely moved, and that spasm of the whole muscular system had commenced. About 3 A. M., pain in the neck and at the sternum increased, and there was great rigidity of the muscular system generally; dyspnœa great; much difficulty in swallowing and articulation; jaws partially closed, entirely so during the spasm; pulse 120; indeed all the symptoms increased in a marked degree, with slight delirium. Ordered one-fourth of a grain of morphine every hour, and to continue the assafœtida injections. 6 P. M., all the symptoms greatly aggravated; pulse so small and frequent that it could not be counted; jaws closed; breathing extremely difficult; body almost constantly drawn backward or forward and to one side; face pale; skin moistened with clammy sweat, and perfect rigidity of muscular system. Had slept none for 48 hours. Applied ice to the head and whole length of spinal column; in twenty minutes the pulse was down to 100; the skin was covered with profuse perspiration; the muscular system relaxed; in short, there was a perfect yielding of all the urgent symptoms, and the patient slept soundly and pleasantly for the succeeding two hours, during which time the breathing was natural, and there was neither tetanic rigidity nor spasm. When he awoke there was still some delirium; the pain in the region of the sternum was very great, and for

half an hour the tetanic rigidity and spasm were considerable. The ice was again applied, when the symptoms immediately yielded, and the patient (with the exception of short intervals) slept quietly the balance of the night.

17th—6 A. M., the bowels were moved by the assafœtida injections; the delirium had passed off; all the tetanic rigidity was gone; pulse 80; breathing natural, but said there was great soreness of the chest and all the muscles of the body. Drank some soup; continued the ice and injections as before. 11 A. M. there was some slight twitching of the muscles, without rigidity; from this time the patient continued to improve without either tetanic rigidity or spasm until, on the 25th, he was discharged cured, with the wound nearly healed.

The ice was applied from ten to thirty minutes each time, with intervals of from two to eight hours.

New York Medical Times.

Tænia Lata expelled by Kousso.

BY HENRY G. COX, M. D.

The kousso used for the expulsion of the tape worm appears to have been first made available by the natives of Abyssinia, (where it abounds,) who are particularly liable to suffer from this species of intestinal worm: they administer it regularly from the period of childhood to advanced adult life, and in those instances in which it has been indiscriminately taken for a long time, it produces great debility and diarrhœa, followed by prolapsus ani. Whenever prescribed in Europe, however, in moderate doses, it has never occasioned other than the most beneficial and satisfactory results.

The flowers of the plant, the brayera anthelmintica, (Rosaceæ,) are dried in the sun, all the extraneous matters removed, and are then pounded finely and mixed with warm water, allowed to infuse for half an hour; the infusion with the suspended powder is drunk in two or three portions at intervals of an hour. Care should be taken not to drink much during the time that the medicine is producing its effects. The dose found effectual is from three to six drachms of the powder; if five or six hours elapse without catharsis having been induced, a Seidlitz powder or castor oil may be given to aid it in its effect; generally the worm will be expelled, or large portions of it, within the time mentioned.

A favorable opinion of this remedy was expressed by the Academy of Medicine in Paris, in May 1847, recommending it as valuable in cases of tænia: since then it has been used frequently, both on the continent of Europe and in Great Britain. The effects of the kousso seem everywhere to be uniform in expelling this parasite, when other anthelmintics have failed, some of which have produced very unpleasant results in cases where they have been exhibited.

The oil of turpentine and of male fern have been used only with comparative success, but in many instances irritability of the stomach has occurred, followed by a corresponding amount of depression. The oxide of silver has also effected the expulsion of the tape worm, but success has not invariably attended the exhibition of these different remedies.

I have not noticed that the cases reported here show any return of the worm; this perhaps is still a matter for observation.

The following proves the certain effect of the kousso, and although similar cases are now of frequent occurrence, having seen them in my own practice during the past year, yet I deem it not entirely devoid of interest:

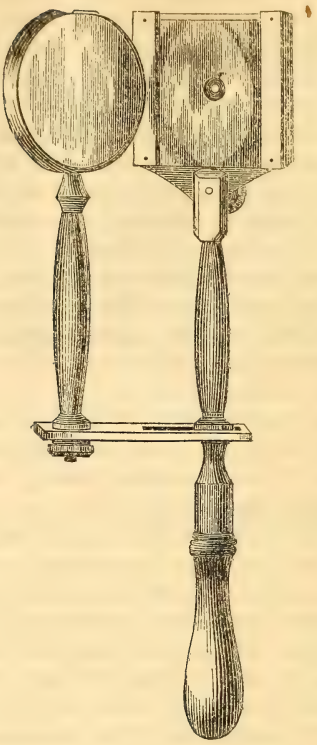
Mrs. Q——, a native of Belfast, Ireland, aged 65 years, became, about two years ago, emaciated and pale, with frequent and severe pains occurring in the epigastric and right hypogastric regions, sometimes accompanied by diarrhœa, at others constipation. During this period she passed portions of a tape worm, an inch or two, at long intervals. The oil of turpentine and castor oil were used without benefit. I saw her first in October; she was anœmic and emaciated, with an expression of countenance similar to that observed in organic disease, with the symptoms above narrated.

After the exhibition of some of the usual anthelmintics, I prescribed, Nov. 16th, the kousso, 4 drachms, to be infused in a pint of warm water. One-half of it was drunk at bed time and the remainder next morning, after which she had several large dark fœcal dejections, in which were found 8½ feet of the worm, which relieved the patient entirely: the medicine produced a decided diuretic effect also.

This patient has continued to improve to the present time. The head of the worm was not discovered, nor have I noticed in but one of the reported cases which I have seen, that the head has been found. It remains, therefore, to be decided whether the effect of the kousso be curative, but the immediate and certain relief afforded is sufficient reason for not overlooking the properties of this drug in all cases of tænia.

New York Medical Gazette.

Opthalmoscope.



We copy the following description of this beautiful application of natural philosophy to the diagnosis of cataract, glaucoma, affections of the vitreous humor, and especially of amaurosis, from Hays' new edition of Lawrence on the Eye. In a future number we shall notice more at length this admirable treatise—the safest guide and most comprehensive work of reference, which is within the reach of all classes of the profession.

B.

In the chapter on amaurosis we pointed out some methods which have been recently devised for examining the interior structures of the eye, and thus aiding in the diagnosis of the

affections of the retina. We have given descriptions of the original instrument of Helmholtz, and also of the improved one by Epkens. Since the sheet containing these was printed off, the following description has appeared,* by T. Spencer Wells, of an opthalmoscope more recently invented by Coccius of Leipsic:

"This instrument consists, as may be seen by the accompanying wood cut, of a perforated mirror and a lens. The rays of light from a lamp are concentrated by the lens, and thrown on the mirror. This is held before the eye to be examined, and the rays are thrown through the pupil on to the retina. The unabsorbed rays return in the same direction, and are received by the eye of the observer, which is behind the mirror, at the spot where it is perforated.

"In a healthy eye, the part behind the pupil is absolutely dark. Even when the lens and vitreous humor are clear and transparent, no ordinary examination, even when the pupil is dilated, can afford any information as to the appearance of the retina. Without some artificial assistance, we cannot illuminate the retina and also see the illuminated part. The rays of light return from the retina in the same direction as they were thrown on to it, so that we cannot bring our eyes into the direction of the rays of light returning from the retina without at the same time cutting off the supply of those rays. But, by the aid of this instrument of Coccius, the rays are reflected at an angle upon the mirror, are then conveyed to a focus on the retina by the media of the eye, and the unabsorbed rays, on leaving the eye, return to the mirror whence they came, and are also received by the eye of the observer.

"When the instrument is to be used, the pupil is dilated by atropia, if not naturally dilated. The patient is seated in a dark room, near the corner of a table, on which a bright lamp is placed at the level of the eye. The surgeon sits before the patient, and screens the face of the latter by an upright shade, so that the eye is the only illuminated part. Holding the mirror opposite the eye, he then adapts the lens in such a manner that a bright concentrated light is seen to fall on the pupil. Then he applies his own eye to the back of the mirror. The instrument is held at different distances from the eye until a clear view is obtained, and then the patient, by moving his eye in different directions, exposes the different parts of the retina to view. This appears rather difficult at first, but a very little practice enables one to find the proper position of the instrument. When the retina is not clearly

* *Med. Times and Gaz.* Sept. 10, 1853, p. 264.

seen, although the pupil is well illuminated, a concave glass is interposed between the mirror and the observed eye, by the hand not employed in holding the instrument.

"Examination of the retina in this manner is very interesting. Blood vessels are first distinctly ramifying upon it, and, by tracing them from the smaller branches to the larger roots, we arrive at the point where the optic nerve enters. This differs in appearance from the rest of the background of the eye, as it is not covered by pigment, or a network of vessels, but a sort of transverse section of the nerve here lies open to view, with a few fine vessels passing through it. The arteries and veins of the retina enter and leave near the inner part. Sometimes a portion of the vessels may be seen concealed in the substance of the nerve itself, showing that this substance is trasparent during life. The two orders of vessels are distinguishable from each other, as the blood is of a brighter color in the arteries, and the walls of the latter and their first subdivisions are thicker than those of the veins. Pulsation cannot be distinctly recognized, so far as I have been able to discern, though some observers fancy they can see it. The first divisions of the vessels border the inner side of the optic nerve, and then extend all over the field of the retina. The appearance of the red vessels on the illuminated base is really beautiful. Helmholtz remarks that, close to the inner side of the nerve, he has always remarked a small semilunar strip of shadow, which appears to be from a fold of the retina. This appearance is universal, and is doubtless produced by the plica semilunaris. In most parts of the eye the base appears of a yellowish red, of a brighter red around the optic nerve, and darker the farther we pass from it; not of an equal color, but as if with small darker patches. The point of direct vision (macula lutea, or foramen of Soemmerring) has a peculiar appearance. The eye is directed exactly upon the ray of light, and the retina is seen at that spot to be darker, grayish-yellow, without admixture of red; and no traces of capillary vessels can be seen on it. It is difficult to make this out without practice, because the reflection from the cornea is apt to destroy it; while this reflection does not interfere when the eye is turned to either side for the examination of the lateral portions of the retina.

"As an auxiliary in diagnosis, the ophthalmoscope must prove very valuable, as anything opaque before the retina must mask its vessels. Cloudiness of the vitreous humor, according to its degree, will obscure the view of the vessels of the retina. Opacity of the lens, or of its capsule, would, of course, act in the same manner.

"But it is in assisting the study of the pathology of amaurosis that the chief utility of the instrument will be found."

Mr. Wells further states that "the instrument of Helmholtz is preferable for examining the refracting media, and it possesses the great advantage that it may be used with an undulated pupil without producing much contraction; while the intense light from Kotzius's instrument requires full dilatation, or the pupil becomes closely contracted. But, for the grand object of examining the condition of the retina itself, this latter instrument is very far superior to any other that I have seen."

The intense light from this instrument may, in some cases, we fear, prove injurious to the retina, and we must therefore urge great caution in its use.

Observations on the use of Opium as a substitute for Purgatives in severe cases of Obstruction of the Bowels.

BY G. EVANS, M. D., OF CARLISLE.

Notwithstanding the frequency, alarming character, and even fatal termination of those cases which belong to that class of diseases of which colic is the type, and where there are symptoms clearly indicating a serious obstruction to the natural passage of the contents of the bowel, there is not to be found in works on the practice of medicine a system of treatment specifically based upon physiological indications. If we except the treatment of idiopathic enteritis, we find that authors sanction the purgative plan of treatment, including the exhibition of croton oil and other powerful cathartics. They, however, admit that it is absolutely impossible to determine with any degree of certainty, the existence or nonexistence of a mechanical body; its precise character, and whether removable or not. Dr. Watson and Dr. Copland wisely denounce in strong terms the exhibition of purgatives in obstructed bowel connected with idiopathic enteritis; they, however, admit that in colic, inflammation may be present without any indication of its existence. Dr. Copland says that "the pulse is often a most fallacious guide in every form of colic and ileus; and that the diagnosis between colic and inflammation cannot be stated with precision, for there is no symptom which can be relied upon, for inflammation with its consequences, may exist, and yet the abdomen may not be pain-

ful on pressure;" he even enumerates among the aids to a correct diagnosis, the operation of the remedies administered. Dr. Watson would discontinue the exhibition of purgatives in colic after a fair trial, from the conviction that the mechanical obstacle is such that it cannot be overcome. Alluding to the purgative plan of treatment, he says:—"Common sense and common humanity answer, you must stop it the instant you are convinced that there is a mechanical obstacle which cannot be overcome; to persist in the use of drastic purgatives after that conviction is to inflict wanton and needless torture upon the patient." The reader who may be inclined to peruse what has been written on colic and ileus will not be surprised when I state that the pathology and treatment are most indefinite, unsatisfactory and uncertain. It would seem from the purgative treatment sanctioned, that the pathological phenomenon of spasmodic intestinal stricture has been entirely overlooked, and that the primary indication of treatment is the removal of constipation, and that evidently without any special reference either to the causes giving rise to it or to the altered physiological conditions leading to spasmodic constriction of the intestine.

However, I maintain that the primary and most important indication to be pursued is, the alleviation of spasmodic constriction, and that this is scientific, and in accordance with physiological indications, and in no case, however ambiguous, productive of mischief, nor even distress, to the patient. For supposing a removable mechanical body existed, which produced local irritation of the nervous fibres of a given portion of the intestine, and consequently spasmodic contraction of its muscular coat, it is manifestly clear that it can only be removed by the equable and consentaneous action of the intestine, and that after the alleviation of spasmodic constriction.

The secondary and comparatively least important indication of treatment is the removal of constipation; and this it appears scientific to accomplish by the repeated injection of copious lavements, instead of the exhibition of purgatives by the mouth. For should the obstruction arise from causes which can only be discovered by a post-mortem examination, such as intussusceptio, internal hernia, or a tumor within the peritoneal cavity, after the partial or complete alleviation of general and local nervous irritation, the forcible injection of copious lavements is the only rational means of relief which the physician can with safety adopt.

I will now briefly detail two cases, the former of which came under my observation prior to having thoroughly and

inwardly digested the principles upon which its treatment was based; however, the following apt observation of my esteemed and talented friend, Dr. H. Lonsdale, who saw the case in conjunction with me, will show the indications of treatment pursued, and in reference to which we were both perfectly agreed: "Let us tranquilize the nervous system, and trust to opening the bowels from below." I consider this brief remark full of the most comprehensive and valuable import, and applicable in its practical bearing to all these ambiguous cases:

CASE I.

August 21, 1853, 9 A. M.—I was requested to visit Mr. P., aged 42, of good muscular development, possessed of a strong, vigorous constitution, and ordinary good health. I ascertained that he had been to Shap Wells, and had drunk moderately of the water; had suffered from a slight attack of diarrhœa, which entirely subsided about two days before his return. He now had all the symptoms of a severe colic; the abdomen slightly more distended than usual; severe twisting pain over the left iliac and umbilical regions, not aggravated on pressure, but rather relieved; constant nausea, with occasional vomiting; constipation, accompanied with a great sense of bearing down, and frequent inclination to go to stool. The paroxysms of pain, which were frequently attended with vomiting, were of a very severe description, and returned about every fifteen or twenty minutes with a hard and contracted state of some of the abdominal muscles. The pulse was full, soft, and only quicker than ordinary during the paroxysm; the tongue perfectly moist, and presented a healthy appearance; the skin rather hot and dry. Administered tr. opii ℥iss., ol. ricini ℥ss.; hot applications to the abdomen. At 10 A. M. the pain had considerably abated in severity, and he was comparatively easy. Ordered a pill, containing pulv. opii gr. i, hyd. chlorid. gr. iss., every two or three hours; or at shorter intervals, should the pain in the least assume its former features. 8 P. M.—Had taken three doses during the day; pain entirely abated; bowels moved; motion rather watery; pulse quiet. Ordered to be taken, at bed time, ol. ricini ℥vi, tr. opii *m.* xv. 22nd—Was called to visit him at 6 P. M. He had slept about four hours, but awoke with a similar paroxysm to the first, and his attendants immediately gave him a dose of castor oil. He had all the previous symptoms, but the paroxysms were decidedly much more severe, and regular in their occurrence at shorter intervals,

with but slight intermission of pain. His countenance was anxious, and indicative of excruciating suffering; vomiting for the first time was distinctly stercoraceous; his pulse was upwards of 100, but full and soft; tongue quite moist. Gave him ℥iss. tr. opii in water, and very shortly after a copious injection, containing about ℥i. ol. ricini, ol. terebinthinæ ℥i tr. opii ℥iv. This was soon returned with a quantity of dark flocculent fæcal matter. In about forty minutes he took, in water, tr. opii ℥ss. The pain continued somewhat abated for about an hour, after which it returned in all its severity. He was then bled, and fully twenty-eight ounces of blood were removed before any impression was produced upon the pulse, or syncope supervened. He then took tr. opii, ℈iv.; the pain soon after considerably abated, both in severity and frequency, and the vomiting had almost subsided. At 9 A. M. he was seized with another severe paroxysm of pain. Pulv. opii gr. iss. hyd. chlorid. gr. ii. was administered to him; hot fomentations to abdomen, to which had previously been applied a mustard plaster, a copious warm injection containing a ℥iss. of chloroform, which was shortly followed by the same effects usually produced by its inhalation, and with marked relief, although after its influence had subsided, the pain was more or less felt, but not nearly so severe. 10½ A. M.—Dr. H. Lonsdale saw him in conjunction with me; he was then considerably easier than he had previously been. There was but slight tenderness over the abdomen; pulse full and inclined to hardness. It was agreed to persevere with the use of injections; hot turpentine applications to abdomen; occasionally sponging with vinegar and water; and to administer a pill containing pulv. opii gr. iss. hyd. chlorid. gr. iij, every two hours, the opium to be increased according to circumstances, and to repeat the bleeding, if the pulse indicated. 3 P. M.—During the previous hours, the paroxysms had materially abated in severity and frequency, and the vomiting had almost entirely subsided. The iliac and umbilical regions were very sensitive and painful on pressure; pulse 120, small and hard; a copious warm injection was administered, from which the patient experienced great ease; the greater portion was retained, the other voided with a quantity of similar feculent matter to that passed before, also a little of a more natural quality. About fifteen ounces of blood were removed: this was followed by the most perfect syncope, from which he very slowly rallied. In about thirty minutes he took a pill containing morphia hydrochl. gr. i, ext. hoscyam. gr. iv; after which he slept about five hours; his skin warm and covered with a copious perspiration. 11

P. M.—Still continued inclined to sleep, but expressed himself free from all pain; the pulse soft and quiet. 23rd—Had slept soundly during the night; continues free from pain; pulse quiet and soft. Ordered beef tea, which he took with evident relish; bowels moved during the day; a tolerably healthy motion. 24th—Doing well; suffering slightly from the effects of the mercury. Took the following aperient draught, to be repeated occasionally when necessary: Tr. rhei c. ℥ iiss., tr. card. ℥ i., mannæ ℥ ii., pulv. rhei g. vij, tr. zingib. *m.* x., aquæ menthæ pip. ad. ℥ i., mt. haustus. 25th. Continues well; bowels moved; motions natural. 30th—He is perfectly well, and tolerably strong.

CASE II.

Sept. 8, 1853, 9 P. M.—I was requested to visit Mrs. S., aged 28, a very delicate and slender woman, of only moderate muscular development; general health not very good, her appearance upon the whole indicative of deficient constitutional vigor and energy. I ascertained that during the previous fortnight she had suffered from the effects of cold, pain in her back and limbs, accompanied with slight bronchial irritation, and on the 6th was seized with pain over the left iliac, extending over the lower portion of the umbilical region; she also had paroxysms of more severe pain, which varied in frequency from fifteen to twenty minutes. She distinctly recognized these attacks, and states that occasionally she was free from them for two or three hours, although she constantly felt a certain amount of tenderness over the part. She had constant nausea, with occasional vomiting; occasional watery stools, accompanied with pain, and a frequent inclination to go to stool. She states that the only motion passed that day was watery, and contained a little blood; and had scarcely slept any for the last three nights.

Symptoms.—Anxious expression of countenance; abdomen natural size; no tympanitis; acute sensitiveness and extreme pain on pressure over the left iliac and lower portion of the umbilical regions. During the only paroxysm that occurred since my visit, there was extreme hardness and contraction of some of the abdominal muscles, and below the umbilicus there was distinctly felt by the hand a hard, narrow, contracted substance, about three or four inches long. Tongue moist, and natural in appearance; skin dry, and of moderate temperature; slight thirst; constant nausea, and occasional severe vomiting; pulse upwards of 100, small, hard, and wiry. Took about twenty ounces of blood from the arm be-

fore the slightest syncope occurred; hot turpentine applied to the abdomen, gum opii. gr. iij, hyd. chlorid. gr. iij, in a pill immediately given, and a pill containing half these quantities to be given every hour. Twelve P. M.—Pain almost entirely abated, with little or no increase on pressure; pulse about 90, and soft. Administered an injection containing about five pints of warm water, ol. olivæ, ℥ iij, tr. opii. ℥ ss. This was returned with a quantity of slimy, unhealthy matter, and about an ounce of small, soft portions of fecal matter. Took gum opii. gr. iij, hyd. chlorid. gr. iss, and the former pill to be repeated every two hours. Ninth, eight A. M.—Pain entirely removed, with not the slightest uneasiness on pressure; had slept about two hours, and had no vomiting; pulse about 100, soft and feeble. Administered a copious injection, containing ol. ricini, ℥ ij, ol. terebinthinæ, ℥ iss, tr. opii. ℥ ij. The greater part was retained, the other rejected, containing a large quantity of white flakes of slimy matter, a few streaks of blood, together with nearly an ounce of similar fecal matter to that previously passed. Beef tea to be taken frequently at short intervals, and a small quantity of brandy and water every half hour or hour, according to circumstances. Took gum opii, gr. iij, hyd. chlorid. gr. iss. The only manifest indication to be followed at this stage was the judicious support of the system, and its tranquillity. Ten P. M.—Strength not diminished, although not increased; indications of a return of vomiting; still perfectly free from pain. Administered a copious injection, with tr. opii, ℥ iij, and ordered gum opii, gr. ij. 10th—Pulse soft and very feeble; had slept a few hours; evidence of serious prostration; stomach very irritable; beef tea and brandy and water administered during the day; a starch enema, about a pint, with tr. opii, ℥ iij. During the day, the stomach more frequently rejected than it retained what was taken. Eleven P. M.—Slight pain on pressure over the stomach. With a view of allaying irritability of the stomach, as well as producing sleep, administered etheris sulph. c. ♋ ij, tr. opii, ℥ i, and ordered a mustard plaster over the stomach. 11th—Vomiting and nausea had entirely subsided after the draught; slept soundly fully five hours; prostration considerably less; strength returning; pulse quiet; to take no medicine or stimulants, but simple, nutritious food. 12th—Continues to improve; suffering slightly from effects of the mercury; simple nutritious food as before. 13th—Still improving; pulse quiet; complains of slight headache. To take the following draught: tr. rhei. ℥ iij, tr. card. ℥ i, manvæ ℥ iij, pulv. rhei. gr. x, tr. zingib. *m* xii, aquæ menthæ pip. ad ℥ iss. 14th—Pulse quiet, and very much stronger; appetite good; bowels

thrice moved; motions copious, consisting of healthy fecal matter. 15th—Expressed a desire to sit up, and says she feels comparatively strong; appetite still good; bowels naturally moved; motions perfectly healthy. 18th—She is quite well, and tolerably strong, and says she never felt better.

The reasons which induced me to refrain from the exhibition of purgatives in the early stages of these cases were—1st, the inability to determine, with absolute certainty, that inflammation did not exist, either as a cause or as an effect; 2d, that there was not an irremovable mechanical obstacle in existence; 3d, that whatever the nature of the mechanical obstacle, (if any existing,) the true pathology of colic and ileus, in its earliest stage, beyond all doubt, must necessarily embrace intestinal spasmodic constriction; 4th, a reference to the therapeutic action of purgatives, in some respects, shows an analogy between their physiological mode of operation and that of inflammation or of a mechanical body, which, however, by producing undue irritation only of a limited portion of the bowel, gives rise to inordinate muscular contraction; 5th, that if a portion of the bowel be closely constricted, in consequence of either sympathetic action, inflammation or the presence of a removable or irremovable mechanical body, purgatives, if retained by the stomach, must necessarily act upon that portion of the bowel above the seat of stricture, and would be eminently calculated to lead to ileus, by inverting the peristaltic action of the intestines; 6th, a reference to the physiological action of purgatives, and the pathology of colic show, that purgatives are contraindicated, inasmuch as they are calculated to develop inflammation, and also to aggravate it if present; and by increasing both general and local nervous irritation, conduce to keep up the immediate exciting cause of constriction of the muscular coat of the intestine. My reasons for perseveringly adopting the opiate plan of treatment were: 1st, that general or local nervous irritation, either singly or combined, is the exciting cause of intestinal spasmodic constriction—its alleviation a rational and scientific treatment, devoid of speculation, I would consider as the primary indication of pursuit; 2d, that the pursuit of this primary indication of treatment is in accordance with physiological indications; and however ambiguous the case may be, is perfectly safe. Many arguments might be adduced in support of the superiority of copious injections to purgatives exhibited by the mouth, to accomplish the secondary indication of treatment—namely, the evacuation of the bowels; but suffice it, that to administer purgatives, unless we could absolutely determine that an irremovable mechanical obstacle did not exist, is purely speculative, and consequently empirical.

And since we know that it may exist undiscovered during life, copious injections, forcibly thrown into the bowels, is clearly the best means to remove it, in cases either of intussusceptio or internal hernia, and by equally distending and stimulating the intestinal canal, is attended with less danger of renewing the spasm; and if the stricture was originally incomplete, or had been partially reduced, we can readily conceive that a portion of the injection passing upwards through the partial stricture would, on mechanical principles, distend it; this it would also do when the upper portion of the bowel, by its increased peristaltic action, would force downward the same column of fluid, which I apprehend would mechanically distend to some extent, on the same principle as the common wedge. The beneficial effects of early bleeding in these cases may be attributed to its influence in subduing inflammation, preventing its development, or even alone subduing the spasm; but it would powerfully conduce to further the action of opium in allaying nervous irritation, absolutely essential to the reduction of the spasm. The calomel was likewise calculated to be of great service, from its well known power to check inflammation and its consequences, and also by stimulating the liver, lead to an increased discharge of bile into the intestines, which would act as its natural stimulus. The repeated application of hot turpentine to the abdomen, I consider, in these cases, well calculated to diminish local congestion, and also contribute to the alleviation of that spasm of the abdominal muscles, which always more or less accompanies a severe colic; but this application cannot be employed if leeches are applied to the abdomen. Sydenham, like authors of the present day, confusedly mixes up the opiate and purgative treatment; but from a reference to his work, it would appear that in some cases he adopted exclusively the opiate treatment with great success; however, he does not lay down any special principles of treatment, but in a vague manner sanctions the exhibition of purgatives. This is not so surprising, when we consider the imperfect pathology of his day; but now that pathology and physiology have made such rapid progress, it is necessary that, if our treatment is to assume a scientific character, and be divested of all empiricism, it should at least be in accordance with physiological indications.—*Edin. Monthly Jour.*

Medical Properties of Ox Gall.

Read before the Montgomery County Medical Society, U. S.

The broad and catholic grounds which we, as physicians, occupy, stimulates us to push our researches in every direction in order to extend our area of available medical knowledge. In no way can our efforts be spent to better advantage than that of trying to enlarge our list of efficient remedies. The article we have selected, and concerning which we propose to make a few suggestions, is taken from the animal kingdom, and belongs undoubtedly to that class of substances termed *secretion*. Ox bile, which has been brought very prominently before the profession by Dr. C. Clay of Manchester, and other eminent British physicians, some few years since, has not been, as we think, so fully tested in America, with regard to its medicinal properties, as its merits deserve. It was brought into use from a suggestion that it might act as a substitute for the human bile in the case of patients who seem to suffer from a deficiency, or perverted condition, of that important secretion. In a country like ours, where perhaps three-fourths of all the diseases with which we have to contend is derived either directly or indirectly from a morbid condition of the liver, it would be well to pay the most strict attention to every remedial agent which may, in the least, promise to be serviceable in these cases. We do not expect that this article would meet successfully many of the symptoms growing out of the retention of the bilious matter in the circulation; but that it will remove that distressing condition of things caused by its absence from the alimentary canal, will scarcely admit of a doubt. In order to accomplish the first named object, it would necessarily have to eliminate the bilious matter from the blood, or restore the healthy action of the hepatic system. This last, however, might be done by its acting as a healthy stimulus upon the mucous membrane of the duodenum; thus, according to a well known principle in medicine, indirectly exciting the liver through the medium of its excretory duct. For this reason we are of opinion that inspissated ox bile could be used in jaundice, and other like bilious affections, with benefit.

Much might be said concerning the office of the secretion of the liver in the system of man, but the destined limits of this paper will not permit. Suffice it to say, that its absence from the alimentary canal is invariably connected with symptoms which render life a burden. From the character of these symp-

toms, if from no other circumstances, we are naturally led to infer that the bile in the animal economy acts more particularly as an antacid and solvent in the stomach and bowels. The most common effects of a deficiency in quantity or quality of the bilious secretion are dyspepsia, acidity of the stomach, and obstinate constipation. It seems quite evident that these conditions are owing more to the absence of a sufficient quantity of good bile in the alimentary canal than to its retention in the circulation; and for this reason we infer that this peculiar substance is a secretion intended for useful purposes, and not an excretion merely, as is contended by some.

We then propose to treat those affections arising from deficiency either in quality or quantity of the bilious secretion, by administering that which will prove, as we think it will in many instances, a substitute for it. If we may believe the testimony of several distinguished medical philosophers and practitioners who have used the ox bile in dyspepsia, and in its almost infinite variety of attendants, we will be fully convinced of its great utility. It generally corrects the acidity of the stomach, and consequent headache, which so often harass dyspeptic persons. Its alkaline properties seem to counteract the acid, and thus remove all the symptoms depending upon it. Cases are mentioned, upon the highest authority, in which the patient, after resorting to every article in the list of cathartics, in order to remove the constipated habit so frequently attending dyspepsia, have received permanent relief from the use of the inspissated ox gall. It has been used in cases in which the blue pill was inadequate to the purpose of producing any but the most transient effect, and in which all purgatives would leave the bowels in the same if not a worse condition than that in which they found them. The patients were compelled to linger on for three or four years, being almost daily under the painful necessity of taking cathartics which would produce much griping and general uneasiness after taking them. Under these perplexing circumstances, the article to which we have called attention has been administered in the form of a pill with the happiest effect. One of these pills (five grains) has been given every three hours; and at these rates they scarcely ever fail to produce in less than twenty-four hours full stools of natural consistence, and that too without any pain whatever attending their operation. After taking one of these pills twice or thrice per day, for five or six days, the acidity almost always leaves the stomach, also the headache subsides, and the bowels resume their natural and healthy condition.

The first instance in which I have used the inspissated ox

bile was in the case of Mr. R——, aged 25, who had been laboring under dyspepsia, attended with slight hypochondria, and the most obstinate constipation. He was of a delicate, nervous temperament, and much given to sedentary habits. He was very much troubled with pains in his stomach and bowels, accompanied with a dizziness in the head. The bowels would remain without a motion for a whole week unless a purgative was taken, in which instance an unusually large dose was required, and the pain attending its operation was represented as being dreadful. The stool was hard, and of a light or brownish color. I might mention also that there was a sense of weight in the right hypochondriac region, sometimes amounting to downright pain. He remained in this condition for several years, when he was compelled to give up his avocation, (school teaching,) and turn his whole attention to the malady which was preying upon his system. All the cathartics were tried that seemed to promise any good in removing the costiveness, which was the most troublesome symptom in the case. He would use one article (for instance, rhubarb) until the system lost its susceptibility of being acted upon by it, and then he would resort to another, with the same result. Thus he continued up to the summer of 1849, when I commenced treating him with the inspissated ox bile. On the day that I gave him the first dose he had no motion of the bowels for four days; in the afternoon of that day he took two pills (ten grains,) and repeated in four hours. The last dose was shortly afterwards followed by a full, soft and painless stool, to the great joy and satisfaction of the patient. He continued to take a pill, night and morning, until the most complete regularity of the bowels was established. The pain of the stomach and bowels entirely subsided, and his general health became much improved.

I shall mention another case, which is of a somewhat different class of patients, who have been signally benefited by the remedy under consideration. Mrs. ——, aged 22, light complexion and medium size, was a resident, up to the summer of last year, of the state of Mississippi. She is slightly hysterical, and has been for years affected with costiveness to such an extent as to be under the necessity of taking physic every few days. Large doses were required, which, after a painful operation, left the bowels in their usual condition. She was somewhat chlorotic, and frequently suffered from what she called "fainting spells," which were very unpleasant indeed. After I had administered in this (as in the first mentioned) case, ordinary cathartics with but temporary effect, I resorted to the inspissated ox bile. I evaporated the

gall to the consistence of thick tar, and then brought it to the consistence of pill mass by the addition of the precipitated carbonate of iron, one five-grain pill of which was given three times per day, with the effect of establishing perfect regularity of the bowels. I had one pill taken daily for two months, and we had the satisfaction of seeing the complexion of the patient assume a more ruddy and healthy appearance; the fainting fits reduced in frequency and the strength improved. It would be well to state that in this case, after about one month, the use of the inspissated gall and iron pills were suspended every other night, in order to admit of the administration of a small dose of taraxacum, for its alterative and tonic effect.

This article is of undoubted utility in cases of children laboring under diarrhœa, where the stools are light colored, indicating a lack of the normal quantity of bilious secretion in the system. The well known power of bile, whether human or not, of preserving milk from coagulation, has suggested the idea of using it in cases of infants upon whose stomachs the nurse's milk curdles, producing vomiting and irritability of that organ. This practice is said to be very satisfactory with those who have ample opportunity of testing it in such cases. From the established fact also, that a solution of gall, when poured even in very small quantities over hardened feces which have been voided from the body, reduces it to a soft, pulpy consistence, it has led the inductive medical practitioner to use it as an injection where the rectum is filled with impacted fæces. I have used it with good effect.

We very plainly see that the mode of operation of this medicine is the same within as without the alimentary canal. Its contents are softened; thus enabling the natural peristaltic action to propel them onward. We can in this way account for their *painless* operation; while those remedies which act merely by increasing the peristaltic motion, produce such great pain. It may be urged that this medicine will prove insufficient from the fact that constipation is but a symptom of an unhealthy condition behind it; but whilst this may be true, it will be well to recollect that when constipation is once established as a secondary effect, it has a baneful reaction upon the system, and we think that if this symptom be attended to, the first link in the chain of morbid action will often disappear of itself.—*Ohio Med. and Sur. Jour.*

In order to give a connected history of the medical college question in the state legislature, we publish the following bill, which was presented in lieu of the original, published on page 84. This also having met with considerable opposition, was withdrawn and was replaced by the substitute, (see page 90,) which was finally passed with amendments. The following would have been inserted in its proper place, page 89, but was received too late. B.

A Bill to incorporate the Medical College of Virginia.

1. Be it enacted by the general assembly of Virginia, that the visitors hereinafter named, and their lawful successors, shall be and are hereby made a body politic and corporate under the name and style of "The Medical College of Virginia," for the purpose of affording instruction in medicine, surgery, and the other arts and sciences connected therewith; and the said corporation is hereby invested with all the rights, powers and privileges conferred by the Code upon corporations, and subject to all the rules, regulations, restrictions and provisions of the Code in regard to corporations, so far as the same are applicable to such a corporation as that hereby created.

2. There shall be and is hereby vested in the said corporation all the property, real and personal, which now belongs to or is used for the purposes of the medical college at Richmond, including the college lot, buildings and appurtenances, and the furniture, philosophical and surgical apparatus, anatomical museum, &c.; subject, however, so far as the said real estate is concerned, to the lien which now exists thereon in favor of the president and directors of the Literary fund.

3. The professors or faculty of the college hereby established shall, for the present, be the following: Richard L. Bohannan, M. D., shall be professor of obstetrics and the diseases of women and children; Lewis W. Chamberlayne, M. D., of materia medica and therapeutics; Charles Bell Gibson, M. D., of surgery and surgical anatomy; Carter P. Johnson, M. D., of anatomy and physiology; David H. Tucker, M. D., of the theory and practice of medicine; and Martin P. Scott, M. D., of chemistry and pharmacy. Every vacancy in a professorship, caused by the death, resignation, refusal to accept, removal or permanent disability of a professor, or the creation of a new professorship, shall be filled

by the board of visitors herein provided for, ten members of the board, at least, concurring in every such appointment; but temporary vacancies, such as those caused by the temporary absence or sickness of a professor, may be filled or provided for by the faculty. There shall also be a demonstrator of anatomy appointed by the faculty, and liable to be removed by them.

4. The faculty shall appoint one of their own members dean, who shall keep a record of all their proceedings, and perform such other duties as may be assigned to him by the faculty. The faculty shall also have the care, control and management of the property and affairs of the college and infirmary, and the government of the students and subordinate agents and officers, including the power of appointing and removing such agents and officers; subject, however, to such by-laws, rules and regulations as may be enacted by the board of visitors in the manner hereinafter mentioned.

5. There shall be taught in the said college all the usual branches of medical education, especially those mentioned in the third section of this act.

6. The faculty shall once a year, or oftener, examine candidates for degrees, and may confer the degree of "Doctor of Medicine" upon such candidates as, having attended two full courses of medical lectures—one of them, at least, at their college—and having been thoroughly examined by them, and complied with such other regulations as may be adopted by the faculty—shall be deemed by them worthy of that distinction.

7. There shall be a board of visitors, nineteen in number, composed of the following persons and their successors, namely: Charles W. Russell of Wheeling, Allen T. Caperton of Monroe, John B. Baldwin of Staunton, Wyndham Robertson of Abingdon, James M. Mason of Winchester, John S. Barbour, jr. of Culpeper, Hunter H. Marshall of Charlotte, George Townes of Pittsylvania, John B. Christian of Williamsburg, M. R. H. Garnett of Essex, James A. Seddon of Goochland, Thomas Wallace of Petersburg, Tazewell Taylor of Norfolk, Eustace Conway of Fredericksburg, Robert Carter of Richmond county, John M. Patton of Richmond city, James Lyons of Richmond city, William H. Macfarland of Richmond city, and Raleigh T. Daniel of Richmond city. Ten members of the board of visitors shall constitute a quorum. The board shall fill vacancies occurring from any cause in their own body. But if at any time their number be reduced below that which is necessary to form a quorum, then the vacancies shall be filled by the circuit court

of the city of Richmond, or such other court as may succeed to its chancery jurisdiction, either upon a bill filed in the name of the corporation hereby created, in which the attorney general shall be made a defendant to defend the interests of the commonwealth, or upon a bill filed by the attorney general against the corporation: the costs of which proceeding shall be paid by the faculty.

8. The board of visitors shall meet once a year, or oftener if the occurrence of a vacancy in the faculty shall render it proper, at the college; and the necessary expenses of those visitors not residing in Richmond who attend such meetings shall be paid by the faculty. They shall appoint a secretary, who shall keep a record of their proceedings, and shall be allowed a salary, to be fixed by the board and paid by the faculty; such salary not to exceed one hundred dollars per annum, without the consent of the faculty.

9. The college and its affairs shall be subject to the superintendence of the visitors, who shall at all times be allowed access to the records of the faculty, their lectures, and the buildings and property of the college; and the board of visitors may at any time require from the faculty any information about the affairs of the college which it may be in the power of the faculty to communicate. The board may also adopt any by-laws, rules and regulations for the good order and government of the college, its professors, teachers, officers, agents and students, which they may think fit: provided the faculty be not thereby put to any expense, or their fees reduced below their present amount, without their consent. And the board shall not only have the power of appointing professors, given by the third section, but may remove any professor for any cause which may seem to them sufficient, twelve visitors at least concurring in the removal: provided, that the cause or reason of such removal, and the ayes and noes on such vote be entered on the records of the board, and that the professor sought to be removed shall have had reasonable notice in writing of the specific charges against him, and opportunity of being heard in his defence by proof and argument in open session of the board.

10. The board of visitors and the faculty shall each make an annual report to the second auditor, such as is required by the twelfth section of the eighty-third chapter of the Code.

11. Process against the corporation hereby created shall be served upon the dean of the faculty, or, in his absence from the city of Richmond, upon some visitor or member of the faculty within the said city.

12. This act shall take effect and be in force from the time

that it is assented to by resolution of the present faculty of the medical college at Richmond: which resolution shall be entered upon the record book required by the fourth section of this act; and from that time also the corporation hereby created shall be deemed organized.

A communication has been received from Dr. Wm. B. Lewis of Halifax, detailing a case of dropsy of the amnion. It will appear in our next number.

A Manual of Obstetrics, by Thos. F. Cocke, M. D., has been sent us by Harrold & Murray.

We have not *of course* attempted to read the book regularly. A great many subjects are treated of, and from the slight examination we have made, the work appears pretty well suited to refresh the student's memory, *just before his examination.*

CRANIA BRITANNICA—A NEW WORK ON ETHNOLOGY.

The following is the title of the scientific production which we go on to discuss—Crania Britannica or Delineations of the Skulls of the Aboriginal Inhabitants of the British Islands and of the Races immediately succeeding them, together with notices of their other remains. By Joseph Barnard Davis, F. S. A., member of the Royal College of Surgeons of England, of the Archæological Institute of Great Britain and Ireland, associate of the Ethnological Society and of the British Archæological Association, and John Thurman, M. D., F. S. A., Licentiate of the Royal College of Physicians of London, member of the Archæological Institute of Great Britain and Ireland, of the British Archæological Association, and of the Ethnological Society of London, author of Papers on the Ethnology and Archæology of England.

Science has been cultivated by man from an inherent spirit of investigation, not in a few restricted directions; but every year that the world has added to its previous history bears witness of a wider and wider endeavor to unfold the myste-

ries of nature. It is not to be marveled at then that this tendency has exerted itself of late years particularly respecting man himself, considered as an object of examination not only individually, but as multiplied into races and nations—man, in the words of Zoroaster, "the principal and mighty work of God, wonder of nature."

In connection with the results to be deduced from collections of crania, such conclusions from researches in the Scandinavian kingdoms, have been presented to the world in the writings of Eschricht, Retzius and Nilsson. In the United States, the great master of the science, the late Professor Morton, founded his classical works "Crania Americana" and "Crania Ægyptiaca," upon remains obtained from the mounds and burial places of America and the catacombs of Egypt. But with regard to any similar work deduced from the exhumations made in Great Btitain and Ireland, (and of which there are various collections in that kingdom,) there is a remarkable deficiency. In the "Crania Britannica," it is the laudable endeavor of its authors to supply this hiatus.

Dr. James Cowles Prichard, homo multarum literarum, died in 1848. In connection with the present subject, he added to the "glory and fame of England," and extended our acquaintance with ethnology, to a greater extent perhaps than any other individual, by various correlative works. We may mention in this regard a publication on "The Eastern Origin of the Celtic Nations," and a second on the "Natural History of Man," but especially that noble and magnificent production, entitled "Researches into the Physical History of Man:" no other ethnological work whatsoever in whatever language is at all comparable with this admirable achievement. Now although few countries present greater facilities for such a performance as the "Crania Britannica" is intended to be, yet Dr. Prichard repeatedly lamented that nothing of the kind had been heretofore attempted, except on the most inadequate scale. Having learned it through the best authority, we would state also that Dr. Hodgkin, the biographer of Dr. Prichard, asserts most positively that such a publication as the one now contemplated was esteemed by this high authority in ethnology as a great desideratum, and that it was indeed the last project which occupied his mind antecedent to his departure from this life.

As the work under consideration will be necessarily a very expensive undertaking, we hope that medical men will exert themselves to have it added to all our libraries, in order that there may be no difficulty or delay in its publication. For in the following statement of the authors, the completion of the

work would seem to be conditional: "If a sufficient number of subscribers can be obtained to prevent pecuniary loss, it is proposed to publish a series of *decades* of skulls in imperial quarto, of ten lithographic plates *each*, one every three or four months, with descriptive letter press, giving the history of the exhumation of each cranium, an account of the antiquities disinterred with it, accompanied by figures, &c., together with exact admeasurements!"

This work will come out in six decades, costing about thirty dollars, or one guinea for each decade. It is to be "privately printed," issued in London, and strictly confined to subscribers, whose names are requested to be communicated to the authors early, that its further progress may be insured. The utmost rigor will be exercised in determining the genuineness of the crania whose figures are depicted. The authors will, during the course of the work, rigidly avoid committing themselves to any of the theories which have been enunciated on the subject, believing that this publication will, for the first time, present sufficiently comprehensive data for any true theory, which can only be deduced at its close. The lithographs will, in every instance where it is possible, be carefully drawn on stone from the skulls themselves, of the full and exact size of nature; and so as not merely to preserve the correct outline, but to render the surface and actual relief of the cranium.

Mr. Davis has informed us, that subscriptions, the names of subscribers, &c., may be sent either to himself, directed to Joseph Barnard Davis, Esq., Shelton, Staffordshire, England; or to Franklin Peale, Esq., United States Mint, Philadelphia, Pennsylvania.

Amongst those who have already subscribed to this publication, may be enumerated the subjoined distinguished names—Sir B. B. Brodie, England; Dr. J. C. Nott, Mobile, Alabama; Richard Owen, Esq., F. R. S., Hunterian Professor of the R. C. S. England; John Lewis Ricardo, M. P.; Professor J. Y. Simpson, M. D., Edinburgh; Professor Alessandrini, president of the Instituto delle Scienze, Bologna, Italy; P. A. Browne, L. L. D., Philadelphia; Hon. F. Leveson Gower, M. P.; Dr. Charles D. Meigs, Philadelphia. Some of the European monarchs, and of the nobility in Trans-Atlantic countries are also subscribers—as for instance, the King of Saxony, Prince Albert, the Prince of Syracuse, the Duke of Argyle, the Duke of Sutherland, and the Right Hon. Lords Brougham and Vaux.

JOHN M. GALT.

January 30, 1854.

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An Essay on the Identity of Gout and Rheumatism.

BY JULIAN C. MARKS, M. D., OF SELMA, ALA.

It is our purpose in the present paper to consider, as briefly as the nature of the subject will admit, the identity of gout and rheumatism—diseases hitherto regarded by the mass of the profession as widely differing from each other, but alike in their etiology, symptomatology and treatment.

In doing so, we shall endeavor to eschew everything of a speculative or hypothetical nature, and confine ourselves to what we regard as rigid truths, as capable of demonstration as are the most exact and unvarying problems of physical science.

We shall essay, in the *first* place, as all important to our object, to show the identity of these diseases in their nature or pathology. *Secondly*—We shall speak of the oneness or sameness of their phenomenal manifestations, arising from a unity of condition. And *thirdly*—We shall attempt to strengthen the whole, by referring to the identity of treatment in each, based upon a common pathological state.

The pathology of gout and rheumatism has for the most part been regarded as quite obscure—some looking to the nervous system as being chiefly involved; others to the vascular; and others again satisfying themselves, by referring merely to

some unknown peculiarity obtaining in each, without further investigation. The humoral pathologists were wont, of course, to look to the blood as the seat of disease, believing it to consist in certain morbid matters contained in that fluid, whose non-elimination became prejudicial to the organism, without, however, possessing any definite knowledge of the nature or origin of such matters. Later pathologists, and many of our own time, have also manifested a disposition to refer to this fluid as the seat of the pathological state. These, it may not be unnecessary to mention, are not humoralists, by any means, but faithful investigators of the nature and seat of morbid actions. A majority of such hold this state to consist (in each disease) in the presence of an acid in the blood, and its disposition in the affected tissues; and here we shall take our stand, and attempt to show that the true pathology of these affections is to be found in the excess of uric acid in the vital fluid, (produced in a manner to be presently shown,) and its circulation through the organism. Maintaining here, as it will be seen, in common with these pathologists, a like nature in these diseases, we yet differ from them in this, that we base thereon an argument for their identity, while they, *mirabile dictu*, still regard them as separate and distinct. This will be adverted to hereafter.

It is well known that, during the processes of eremacausis or decay constantly going on in the animal tissues, substances are formed whose presence would be longer detrimental to the system, and whose elimination is effected by the different excretory organs. Of these substances, thus formed, uric acid, cholic acid and ammonia are the most important in a pathological point of view. The kidneys eliminate the uric acid, the liver the cholic, and the skin the ammonia. But the greater portion of the uric acid has to undergo another change ere it is carried out of the system—that of being converted into urea, a more soluble, and therefore a more easily secreted substance. This important change is effected by the contact of an additional quantity of oxygen to that required for bringing about the primary formations above mentioned. And Liebig, the great German chemist and physiologist, has actually established the normal relation between uric acid and urea, by showing the amount of oxygen required to convert one atom of this acid into urea and carbonic acid of definite proportions. This being true, it follows of course, that the increase or deficiency of uric acid in the urine or system generally—the departure from a natural standard—will depend upon the greater or less amount of oxygen present in the system, or brought in contact with the acid. Now, in

gout or rheumatism, there is always an increase of the acid, from the operation of causes tending to abstract a portion of the oxygen usually present, and preventing its conversion into urea. It is admitted that sedentary habits, combined with a diet rich in fat and alcohol, are the constant causes of gout, while an exposure to inclemencies of weather, to wet and cold, most generally produce rheumatism. The sedentary habits, by inducing a sluggish condition of the respiratory functions, and thereby lessening the amount of oxygen taken into the system, tend of themselves to prevent the due conversion of the acid into urea. But the superadded indulgence in food, rich in oils and fats, and in alcoholic drinks, which require a considerable quantity of oxygen for their conversion into carbonic acid and water, and elimination from the system, must, by the abstraction of this element, give rise to large amounts of uric acid. The accustomed change from the want of oxygen is not effected, and the acid is retained in the system.

Cold acts upon the skin, by which its exhalation is suppressed, and the lactic acid, which is one of its constituents, instead of passing off as naturally in the form of lactate of ammonia, is retained in the blood, becomes oxidized, and is eliminated as carbonic acid and water. This conversion is produced at the expense of the uric acid, which, thus unoxidized, is left in an inordinate amount in the blood. It is in this way seen how these causes severally of gout and rheumatism, operate in the production of the one condition, namely: an increase of uric acid in the circulating fluid, which we have assumed to be their true pathological state.

It were enough, it would seem, of itself to settle finally the identity of nature contended for, that we show, upon rigid chemical laws and principles as above, that the causes of these affections, however variant, end in a common abnormal state, provided that state be fully competent to account for the phenomena presented. Now, we contend not only that it is so competent, but in further confirmation of the position, we shall endeavor to show that no other proposed condition will satisfactorily account for these phenomena. After which, the argument in relation to this point will be concluded by an appeal to the result of recent experiments bearing directly upon it.

In these diseases, we have many peculiarities presented, which, when considered in relation to other maladies, stamp upon *them* almost the title of specific.

The particular disorders of sensation and function which occur, both prior to an acute attack, and in their anomalous forms—the shifting character of the inflammation—its disposition to alternate with mere irritation or functional disorder,

and the number and variety of tissues frequently affected, are all characteristic, and make them exceedingly interesting to the pathologist. In vain has it been attempted to account for these peculiar phenomena by the various theories from time to time propounded. The theory of an essential nervous derangement falls to the ground, for while explaining to a certain extent a part of the phenomena, as emotional and functional disorder, fails wholly to respond to the remainder. The supposition of vascular congestions, and of hepatic and gastric disorders, as being the true source of mischief, is for the same reason alike untenable. But upon the views we have advanced, the peculiarities mentioned are readily and only to be solved—the phenomena explained. The presence of uric acid, an abnormal product, in excess in the blood, and its circulation through the system, must, it is reasonable to infer, sooner or later give evidence of its deleterious effects. These effects are first seen in partial, and sometimes general nervous disturbance, either prior to an open attack, or arising in what are called the misplaced varieties of these diseases—afterwards producing by its deposit, acute inflammations of the fibrous tissue of the articulations, and frequently affecting other tissues and parts of the body! Carried everywhere with the circulating fluid, it must be assigned too, as the cause of the movable and erratic character of the disease—of its disposition to alternate with functional and irritative disorder—of the number and variety of organs and parts attacked; and in a word, of all the phenomena known to be exhibited. With this accumulated evidence in favor of a unity of nature, we have now to repair to the crucible of experiment in which all propositions are tested, and draw thence the decisive and clinching proof which must silence cavil, and defy refutation.

Drs. Garrod, Holland and others, eminent in the profession, have instituted a number of experiments with a view to the discovery of uric acid, if present in excess in these diseases. The result has shown its almost invariable existence in large quantities in the blood in each affection, and also its frequent presence in the urine. They found, too, the symptoms to undergo a decided improvement in proportion as an increase of urea became manifest—showing the conversion of the acid. This, added to the well known existence of calculous matter, consisting of lithate of soda, deposited in the joints of those long laboring under either affection, and which, of course, is to be referred to the previous circulation of the acid, were, it would seem, evidence sufficiently conclusive; but the following quotation from the distinguished pathologist, Dr. C. J. B. Williams, will, we trust, not subject us to the

charge of superfluity. Page 130, he says: "Gout and rheumatism are now generally considered to depend on the production in the system of an excess of lithic acid. This opinion, we believe, has now received a demonstration of its truth, not only from the ready detection of the acid in the blood, but also from the increased acidity of the perspiration around the affected points." Here the last link in the chain of evidence is forged; and although, as we before said, all rational objection must yield, there are yet, as we conceive, upon a review of our progress, two imaginary grounds of complaint, which it is likely may be alleged against our views of the pathology of these diseases, and their consequent identity of nature. These may be speedily overthrown. In the first place, it may be argued that in applying the laws of chemistry to the explanation of diseased states, we have failed to recognize the influence of the vital power, or the modifications which these laws must undergo in the living body, and that therefore our deductions are invalid. To this we reply, that it is only when the influence of this power has been entirely removed from the particles entering into the composition of the tissues, that chemical phenomena can be brought into play, and affect the formation of these substances, whose retention becomes injurious. That power is extinct, and therefore can offer no obstacle to their usual operation. Secondly, it may be contended that some other power or diseased condition co-operates with the uric acid in the production of these maladies, and that it is not itself the sole condition upon which they depend. Most probably it will be said that there is at least an accompanying nervous depression, which, operating upon the kidneys, suspends their secretory action, and prevents the due elimination of the acid, thereby aiding in the production of subsequent disease. But here we answer again, that so far from playing such an important part, the nervous depression, as was incontrovertibly shown a few pages back, is itself an effect of the presence of uric acid, as well as the other diseased manifestations; and that, although the functions of the kidneys be not in the least disturbed, and the acid poured out in greater quantities than usual, yet an attack is not prevented, but on the contrary, an indication at once afforded for preventive treatment.

Having now, then, as we believe, established, upon a firm and steadfast basis, the truth of the identity of pathology in gout and rheumatism, it yet remains for us to draw therefrom an argument for their identity in themselves. This we shall here attempt to do. That the pathological state or condition in any disease is essential to its existence as such—the only

source to which its phenomena are referable—it would be a violation of all logic and all common sense to deny; and it would amount equally then to a disregard of both to deny that such state or condition and the disease itself are one, whatever its causes or seat; and if, as we have shown, the pathological conditions essential to gout and rheumatism be one, then we are justified in pronouncing these diseases themselves one and the same—identical—whatever may be their remote or exciting causes, or the part affected. This is the true and legitimate deduction; and indeed as states or conditions are the essentials of disease, so also do they constitute their true differences, and when shown to be the same in any two or more diseases, generally thought to be different because of having no established pathology, such supposed differences must of necessity be destroyed and an identity result. I know it is still contended by men of high attainments, and for whose opinions we have the utmost deference, who hold similar views of the nature of gout and rheumatism to those we have expressed, that they are entirely different, bearing only perhaps a very remote and indistinct resemblance to each other. But a brief examination of the reasoning from which such a conclusion is deduced will, we think, serve to show its utter futility and want of logical correctness. They for the most part, particularly Drs. Liebig and Frick, maintain that as there is a difference of predisposing and exciting causes and of local seat, so there must be a distinction made in the diseases themselves—that these constitute the distinguishing marks. But it will be perceived, that predisposing or exciting causes and locality are, strictly speaking, no part of the diseases—the conditions in which these causes end, and not the causes themselves or the parts affected, being essential to them. The former are only the means of inducing such conditions, and the latter the result merely of independent peculiarities. Did indeed mere exciting or predisposing causes and locality stamp upon diseases their distinctive and characteristic differences on the one hand, or give them identity on the other, as these gentlemen contend, it were then impossible for any two causes to produce the same disease or one cause different diseases, and local affections of a part could never be dissimilar; but it is the essential conditions, we again repeat, and not the exciting causes or local seats, that make diseases and constitute their differences or identity. Though the different causes severally of high living and cold operate to produce gout and rheumatism, and the different seats of the toe and knee are respectively occupied by them, yet as these causes end in a common pathological state or essential

condition, and the seat of disease is determined by constitutional peculiarity, we shall neither stop on the one hand, as the false logic of our opponents would demand, to show that cold and good old cognac or a rich beefsteak are one, or on the other, that the great toe and knee joint are the same parts, but again pronounce these diseases, with all the emphasis which a full conviction of its truth demands, wholly and entirely *identical*.

We have now arrived at our second proposition in the discussion of this subject, namely, the identity of phenomenal manifestations which arise from this common condition. It would, however, be trespassing alike upon the time and patience of our readers to enumerate these in detail; and as we have already, in a previous part of this article, run out a parallel between the prominent symptoms presented by each disease, thereby showing a general identity in them, we shall content ourselves with the positive assertion that there can be, and is, no essential difference in the symptomatology of these affections.

Our third proposition will now be considered, or the identity of treatment in gout and rheumatism, based upon a common pathological state. The remedies to be and that have been heretofore employed in the management of each of these diseases, we maintain, are essentially the same. Those administered with any hope of benefit in the one, being with equal confidence addressed to the other; and from the views of their pathology laid down in this paper, it cannot be otherwise: the indication being to remove a common condition—the uric acid from the system. But before there was any settled nature assigned them, and therefore any real principles of treatment, an accurate observation, and enlightened experience guided us for the most part in the use of such means of relief as principle now sanctions and demands. The remedies required are such as are adapted to the removal or rectification of the condition upon which uric acid depends, or that supply this acid with the requisite amount of oxygen for its conversion into urea. Hence the readiness with which the various modes of treatment, found most effectual at the present day, may be explained by the increased oxidation of the uric acid. Colchicum, calomel, diaphoretics, the cold and warm bath, obstemious living, and all the reliable means now used to combat these diseases, act by removing everything that could abstract oxygen from the system, and thereby favoring, by its presence, the conversion of the acid, and of course, the removal of the condition of disease. This is the principle which should now direct us in

their employment. Colchicum, the master remedy, and sheet anchor of hope, it is well known, exerts but little beneficial influence, so long as it fails of producing a purgative effect; but just in proportion as it induces free biliary evacuations, does the patient undergo an amelioration of his symptoms. A large amount of this biliary matter would have been converted into carbonic acid and water, and for this purpose a certain amount of oxygen would have been consumed, which, under these circumstances, acts directly upon the uric acid. The same may be said of calomel, and all the class of purgatives: they, by removing matters, whose conversion would consume the oxygen, furnish that element in due proportion to the uric acid. Again—in regard to diet, we find that rich food and spirituous drinks, or, in other words, oils and alcohols, are and should be particularly proscribed. These, as we before explained, require more oxygen for their conversion than any other kind of food, and in this way diminish the amount supplied to the uric acid. Diaphoretics, the various baths, &c. act directly upon the skin, by which its secretion is eliminated to the fullest extent, and the lactic acid, and other materials, which abstracted the oxygen by their conversion, gotten rid of, leaving the most favorable condition for effecting the necessary change of the lithic acid. There are yet other internal remedies often found of great benefit, acting on the same principles. For instance, when the blood globules are diminished and a state of anæmia exists—a not uncommon condition in those somewhat advanced in life—less oxygen is received, and iron in some of its forms will be found of decided advantage. Again—it may be attempted to keep the uric acid in solution by means of water, and alkalies or salts with alkaline bases. Benzoic acid has been proposed for this purpose by Dr. Ure, phosphate of soda by Liebig, and phosphate of ammonia by Dr. Buckler, either of which may be tried with a reasonable hope of benefit. Blood letting, quinia and local applications, though much lauded, only serve by a sedative effect to diminish the inflammatory action, and never exert any curative influence over the real disease, save only when they promote the secretions and eliminate matters disturbing the normal relations of the oxygen and uric acid. The mode of operation of all the prominent remedies for gout and rheumatism is thus seen and addressed to a common pathological state: they are found to be the same in each. Having now shown a common nature, common symptoms and a common treatment for these diseases, we must regard the final conclusion of an *identity* in them as fairly and legitimately reached.

On the use of Black Cohosh in Chorea.

BY T. J. GARDEN, M. D., OF WYLIESBURG, VA.

In a conversation with a young medical friend not a great while since, Dr. J. M. Hurt of Nottoway, a gentleman whose opinion we do not feel at liberty to disregard, relative to a publication in the June No. of the Stethoscope on the use of the black cohosh in chorea, he remarked, with all due courtesy, he thought our paper defective, in not abounding sufficiently in detail, and that a further, fuller and more precise description, accompanied with clearer and more distinct views of the pathological state of those cases, was due to ourselves as well as the profession, and would impart to them a higher degree of interest. The case reported in a former number of the Stethoscope, as having occurred in the practice of Dr. Harris, had been, previous to her attack, troubled with costive bowels; had sallow, doughy complexion, with ænemic whiteness of the lips; the liver, as usual in such cases, torpid, and performing its secernent functions very imperfectly. These are all the pathological conditions recollected as worthy of note. The cohosh, after changing the character of the external pathology in this case, was suspended for a few days, and the girl was purged in the interim with calomel or blue pill; after which, on resuming the use of the cohosh again, its effects were decidedly more visible in controlling and arresting the disease. In all cases of chorea we have but little hesitation in advising the use of mercurial alterative cathartics previously to resorting to the use of cohosh; for, according to our observation, the disease is always associated with a state or condition of the system demanding mercurials; but ample experience and abundant observation every day prove that purgatives, tonics and all other modes of medication other than the cohosh, fail to cure the disease. As we remarked to our young friend of Nottoway at the time, we go for facts and results, regardless of detail or chaste theory: ours is a science which has been in all ages more enriched by the former than the latter method of instruction. This is the doctrine we have all along and everywhere practiced and inculcated.

We present you a detailed and circumstantial account of two cases of chorea of deeply interesting character, reported to us by our request, in a letter from Dr. L. T. Wootton of Lunenburg; and, as the Dr. writes with precision and clearness, we give his letter entire, although we have no authority for so doing; yet we feel assured he will pardon the liberty we have taken.

"H. L. Coleman, æt. ten years, was taken after exposure with acute rheumatism, or arthritic inflammation of the knee joints, in the winter of 1842, attended with much swelling, and pain and high arterial excitement. He was visited and attended by Dr. H. May of Lewiston. He was confined about six weeks. Early in the spring he commenced school, walking daily the distance of about two miles to and from school, and at night complained of fatigue and aching in his extremities.

After attending school for about three weeks, he was unable to continue his exercise, on account of his inability to walk, symptoms of chorea having manifested themselves to such an extent as to alarm his parents, and Dr. May was again requested to visit him. He continued his services, in connection with Dr. Irby, for nearly twelve months. Failing to receive any benefit from the treatment of these two intelligent physicians, who tried all of the usual and ordinary remedies used in such cases, his parents sought the aid of two Thompsonians, who also drugged and steamed him for about twelve months, without any palliation or alleviation of the symptoms. The above is the imperfect history I obtained of the case when I first saw him (rather accidentally) about two years subsequent to his first attack. During the warm months of summer he suffered less than during the winter and spring. I found him much emaciated; anæmic; light hair, blue eyes and fair complexion; tongue thickly coated with a brown yellow fur, pointed and very tremulous; breath loaded and offensive; thirst; great difficulty in deglutition; pulse about one hundred and ten, soft and very compressible; bowels constipated; loss of appetite, &c. He was unable to control a single voluntary muscle for a moment. Pressure along the spine threw him into violent agitation, evincing much tenderness and suffering when the pressure was even moderate. With scarcely a ray of hope, I precribed an alterative and laxative pill, composed of equal parts of rhubarb, aloes and blue mass, every other night, and directed, as soon as the pills evacuated the bowels thoroughly, to commence with the powdered cohosh in teaspoonful doses, mixed in syrup or molasses. I left about 1 oz. (all I had at the time,) and did not see or hear from him again until the 1 oz. was taken, when his brother applied to me for more, stating that H. Lee was evidently much improved. I sent him another oz. of a fresher and better article than the first, such as I always use, and greatly prefer if I can get it, viz: the article which is put up in pound papers by the Shakers of Western New York. I directed it to be used as before, in teaspoonful doses three times a day: the root as it

comes to us, having been previously reduced to a fine powder. In ten days or two weeks, without having taken all of the last oz., he was well, entirely free from every vestige of the peculiar symptoms which characterize chorea, and in a very short time again commenced school. The following winter he had a return of the pains in his knees, attended with symptoms of chorea, but in a much milder form. The cohosh was again resorted to without any adjuvant whatever, not even restricting his diet: the symptoms gave way as if by magic, and he was able to resume his usual exercise in about a week. The next winter the symptoms were again manifested in a still milder form. By proper attention to his clothing, and a few doses of the cohosh, he was very soon relieved, and has since had no return of the disease, and is now a grown young man, of active, industrious habits, and quite sprightly for his opportunities.

John Wood, aet. about 9 years, was exposed to the variable and inclement weather of the spring of 1850; was taken with feverish symptoms at night, restlessness and aching in his limbs, with loss of appetite, furred tongue, &c. In a very few days, which was about the 1st of March, symptoms of chorea came on, with occasional headache. The disease was so mild, that his father brought him on horseback to my house. Before taking his seat, I observed to his father, that his son had St. Vitus's dance. He had never heard of the disease, and evinced all the anxiety of the parent; but upon being told that his son would in all probability soon recover, became reconciled, and carried him to a public gathering, where he remained all day, exposed to the excitement and curiosity of a large crowd, and reached home at night. John complained of great fatigue, with headache, and the symptoms of chorea greatly aggravated. The fever continued until morning, when he was observed to be delirious. He had taken, the night after reaching home, a small blue pill, which operated freely on the bowels, attended with a good deal of griping. The fever and delirium continued for twenty-four hours before I saw him. I found him with a hot skin, a tense and bounding pulse, dry tongue, relaxed bowels, perfectly furious with wild delirium, and unable to protrude his tongue, or to control a single muscle. I have never witnessed such violent and continued agitation of the whole muscular system. It was in a constant state of the most violent agitation, asleep or awake. I opened a vein and abstracted 10 oz. of blood, which was sizy and buffed, with great amelioration of the symptoms. Directed cold applications to the head, with warm pediluvia, with mustard in the bath, and cool elm in-

jections, and directed a repetition of the bleeding if the fever returned, being unable to see him again until the next day. His fever and delirium returned, but he was not depleted until the day after the first bleeding, when I again resorted to the lancet, taking 8 or 10 oz. of blood, with decided relief to all the symptoms, and applied a blister to the nape of his neck. He became rational after the blister was dressed, but the symptoms of chorea continued still in an aggravated form. I was unable to obtain any of the cohosh until the 6th or 7th day after his attack or confinement. I commenced it in teaspoonful doses, given in syrup three times a day. In one week he was able to walk about the room, and at the end of the second week was apparently well—free from any muscular tremors whatever. The powders seemed to occasion distress, making him sick at the stomach after the first week, and the tincture, prepared in the proportions of 1 oz. of cohosh to 1 pint of good rye whisky, was substituted, which was also given three times a day, which entirely eradicated every trace of the disease. During the last winter he had a slight return of chorea. The cohosh was used, and a bottle of the comp. syrup of sarsaparilla; since which time he has had no return of the disease, and is now in the enjoyment of robust health. In some six or eight cases in all, I have only seen one in which the cimicifuga failed to cure, and that one had suffered for some two or three years before any remedial measures were used. The child's mind was almost fatuitous, and attended with irremediable organic lesion of his physical system. To you alone am I solely indebted for the knowledge of the use of the remedy in the treatment of chorea; and allow me to tender my grateful and kind acknowledgments and obligations for this as well as other equally important suggestions, which you have so frequently and so kindly made.

Faithfully, your ob't serv't,

L. T. Wootton.

Pleasant Grove, Sept. 24, 1851.

P. S.—I have thus very rapidly, and imperfectly and unsatisfactorily to myself, sketched the two cases herewith sent.

L. T. W."

As you express a desire for short practical papers, we close this communication, with a single additional observation. We are fully satisfied the cohosh is adequate to the cure of all cases of chorea not complicated with incurable organic lesions, and where the intellectual faculties have suffered no impair-

ment. We ourselves, have witnessed a solitary failure only, and that was such an one as last described, nor do we know of any failures on record. The promptness too with which it arrests the disease, after the system has been properly prepared by pugatives, is almost incredible to those persons who have never witnessed or tested its action. For its mode of action, see our first paper. The doctrines we teach is, that one well authenticated medical fact is worth all the theory in the world.

Dropsy of Amnion.

BY W. B. LEWIS, M. D., HALIFAX, VA.

On the 26th of September 1847, I was called to see a woman complaining of pain in the back and head and some enlargement of the abdomen. Upon enquiry, I supposed her to be pregnant and about four months advanced. From all the light I could gather from her, I regarded the case as one of intermittent fever, and prescribed accordingly. On the 29th, I was called to see her in great haste. She now complained as one threatened with abortion. I was surprised to find her so much enlarged: her abdomen was now distended to the size of one at the full term of nine months. I was doubtful as to her real state, and could not say positively whether she was pregnant, for I could not trace the womb through the abdominal coverings, and all I could do was to advise perfect rest, and wait patiently the result. I returned each day, for three successive days, and by every means of examination* I could not decide as to whether she was pregnant, and my doubts were increased by the fact that each day she was visibly larger and complained of the distention.

Oct. 1st—She now was enormously large; complained of great difficulty in breathing, violent pains in the back and slight bearing down pains resembling labor pains, at long intervals. On examination, no womb could be felt or traced externally, per vaginam; the os uteri was found slightly dilated, and I could feel something like the membranes, but could not feel the head of the child or anything like a child. I now pressed my right hand firmly above the umbilicus, directing my pressure towards the pubis, in order to press

* I did not make an examination per vaginam.

the contents of the womb as firmly upon my left finger as possible. I could now feel some very small body touch my finger, but could not tell whether it was a child or something else. I was certain it was not the head, however, and suppose (now) it was some part of the foot—perhaps the heel. The case now put on an alarming aspect. The pulse was almost imperceptible at the wrist, the breathing was very laborious, extremities were of an icy coldness and rigors were very violent. I was compelled, from the threatening symptoms, to give the woman nearly a pint of brandy and some two or three doses of ammonia and valerian.

Believing that all the threatening symptoms were the result of distention, and that the distention must be speedily removed or the woman die, I gave her a portion of ergot to increase the contractions of the womb, which seemed to be very feeble—the result, no doubt, of its very rapid distention. The symptoms were so threatening, that I was afraid to await the action of the ergot, and therefore proceeded at once to puncture the membranes which were felt by the finger protruding through the os uteri, when an enormous quantity of water was discharged, more than I ever saw before at any two births—and in a few minutes the feet of a child presented, and the child was taken away. The womb could now be felt externally, by placing the hand on the abdomen, appearing about the usual size at the term of seven months. I now introduced my fingers into the vagina and felt a second sac protruding, which I also ruptured on the recurrence of pain, and a second gush of water followed, and in two or three minutes a second child. An active pain next expelled the afterbirth. There were two very distinct placentas and sacs, the sacs or membranes uniting where they were pressed together in the centre of the womb.

The membranes were thicker and stronger than I had ever seen before. In an hour or two there was a general distribution of heat; the pulse was good and resumed its natural beat and the woman was soon as well as usual. I should say this woman, from all I could gather from her, could not have been more than four months advanced in pregnancy.

I have every reason for believing that this case would have terminated fatally if left entirely to the efforts of nature. The womb seemed to have lost its contractile power in a measure, no doubt from its rapid and enormous distention at so early a period of its impregnation, and the great thickness and strength of the membranes would have required considerable strength in the contractions of the womb, to have ruptured them.

There are one or two points of interest in this case. The most important is the fact of the womb not being traceable through the abdominal coverings—from which fact it might possibly have been mistaken for an accumulation of water in the peritoneal sac. I send you the above report, written out at the time, but have delayed sending it for publication till now. At some leisure hour I may send you the reports of several other cases. I keep a record of all my cases of interest, and often find this a valuable book of reference.

P. S.—As I am on this subject, I will take this occasion to mention the liquor ergotinæ, prepared by Messrs. Purcell, Ladd & Co., as the most active preparation of ergot I have ever used. It keeps well, and I find it certain in its action. I have used it from its first introduction into practice, and have never been disappointed in its action. I have had occasion to use it in two cases during the past week, and used some which I have had on hand for more than twelve months, and found it as active as when it was first made.

We are obliged to Dr. Lewis for the history he has sent us of the foregoing interesting case, and we hope he will not forget his promise of forwarding others whenever his leisure will permit. The circumstantial detail of cases may at all times be rendered instructive, not merely in their symptomatology, but in the practical results which may be deduced from them.

In the few remarks we feel disposed to make, which we do in all courtesy, and without any arrogance of superior knowledge, we may be permitted to say, that the impossibility of tracing the outlines of the distended uterus, containing as it did, such an enormous amount of fluid, was exactly what might have been expected. This condition of things, it is true, might have led most reasonably to the suspicion of ascites; but at the doctor's very first visit, he tells us there was reason to believe the woman was pregnant; and at his second visit on the 29th, there were manifest symptoms of threatened abortion. Still he remained doubtful as to the woman's condition. Now, had he only instituted a vaginal examination at *this time*, not only would the question of pregnancy have been settled, but he would also, in all probability, have detected the amniotic effusion. The question of pregnancy would have been settled, because he would have dis-

covered, as no doubt he did, that the uterus was enlarged, the cervix nearly if not quite obliterated, and the os somewhat dilated. Had the dilatation been sufficiently great, and there is reason to believe that it was, to have permitted the finger to reach the membranes, the sense of firmness and resistance imparted to it must have led to the opinion that they contained a far larger quantity of liquid than natural at this stage of labor.

While we contend that an examination per vaginam is the only *sure* method of ascertaining the existence of dropsy of the amnios, other means may be rendered available in establishing the diagnosis. If we are unable, by the aid of the stethoscope, to detect the placental souffle, or the pulsations of the fœtal heart, we may perhaps be led to doubt the presence of ascites by the character of the fluctuation imparted to the hand. In ascites, however great the distension, fluctuation is generally free and distinct; while in the disease under consideration, it is at all times obscure, deep seated, and frequently imperceptible. It may often be detected by inserting one or two fingers into the vagina, and percussing with some little force upon the abdominal walls. In addition to this, in so increased a quantity of amniotic fluid, and with a fœtus of four months, the ballottement (a very certain sign of pregnancy) would unquestionably have been found free and decided.

A word or two as to the pathological condition of the organs concerned. Although writers on obstetrical medicine anterior to the present century, may have been acquainted with the true character of amniotic dropsy, it is quite certain they have left but incomplete records of the appearances revealed by dissection. In Dr. Lee's work upon the "Theory and Practice of Midwifery," a few cases published by Mercier in the year 1809 are referred to; and in the relation of these, he expresses his opinion as to the anatomical character of the disease. In these cases false membranes were discovered in greater or less amount upon the fœtal surface of the amnios, which also exhibited distention of its blood vessels and a

"rose-red color." Hence inflammation of the amnios was concluded to be the cause of the dropsical effusion.

But dissections made by other observers have not revealed the same morbid appearances. Dr. Lee himself tells us that he has not discovered them; and all the organic alterations observed by him and others, have reference to the placenta and to the fœtus itself. We quote his language. "In the last lecture I related several cases of this affection (dropsy of amnios) in which it was complicated with organic disease of the placenta; and in many other cases which have come under my observation, it has been combined with hydrocephalus or some malformed or diseased condition of the fœtus, which rendered it incapable of supporting life subsequent to birth."

From these conflicting opinions it is difficult to arrive at a just conclusion. That all the conditions described have been ascertained to exist must undoubtedly be true, and as the question still appears undecided, it opens to us a field for further investigation. If however it be determined that either of the pathological conditions referred to may in itself be sufficient to account for the effusion, then the absence of one or more of them would not prevent its taking place.

R. W. H.

Case of Wound of Abdomen.

BY J. R. ELSOM, M. D., NELSON, VA.

J. I. P., a white male, æt. about 35, on the night of the 7th Dec'r last received a wound in the lower part of the abdomen with a very sharp pointed knife, which penetrated the cavity and made an incision in the upper part of the jejunum about three-fourths of an inch in length. I saw the patient about four hours after the wound had been inflicted; found him lying on his back, with a cool skin and feeble pulse, but suffering with severe pain at the seat of injury. On attempting to remove the bed clothes which had been spread over him, they were found to adhere to the bowels with coagulated blood. After wetting them thoroughly with warm water, so

as the more easily to remove them, I discovered that nearly all of the jejunum, a portion of the ileum and part of the omentum were protruding through the wound, which was about four inches in length, extending in a vertical direction from a few inches above the pubes through the umbilicus. The bowels were considerably bruised and adhering together with coagulated blood.

I carefully stitched up the wound in the bowel, taking pains not to penetrate the mucous coat; and after cleansing them from all foreign matter, and placing the patient in a position to relax the muscles of the abdomen, made an attempt to return the protruded bowels, but found it impossible, owing to the spasmodic contraction of the walls of the abdomen, notwithstanding the length of the wound. I then with a probe-pointed bistoury lengthened the incision about three-fourths of an inch in an upward direction, and after returning the bowels, closed the wound by means of the interrupted suture and strips of adhesive plaster. But thinking it highly probable that there was some effusion of blood and fœcal matter in the cavity of the abdomen, the wound was left patulous for about an inch at its lower part. Some light dressing and a bandage were applied, and after prescribing some expectorant mixture for a troublesome cough, which the patient had contracted a few days before, and proscribing all nourishment whatever, I left, to see him again in about eight hours.

8th—Found the patient quite easy, complaining of no pain whatever except a little soreness when compelled to cough. Pulse and skin perfectly natural; some small clots of blood, and a small quantity of fœcal matter had escaped through the wound.

9th—Patient still easy; no fever; pulse not exceeding 70; discharge from the wound more profuse, and with it a large worm—ascaris lumbricoides.

10th—No change; wound beginning to heal at its upper part. Prescribed a purgative enema; and after it had evacuated the bowels, gruel injections to be thrown up the rectum as nourishment. Also allowed three tablespoonsful of rice water a day.

11th—The injection had brought away a copious discharge of fœces. Some large lumps of stercoraceous matter were discharged through the wound, which was evidence conclusive to my mind that the bowels must have been wounded in another place which did not protrude. The patient continued in this condition without any perceptible change, except some slight excoriation on the abdomen produced by the discharge from the wound, until the 31st—24 days after he received the

wound—when he suddenly died, immediately after asking for food. His diet had been gradually increased, without producing any apparent bad effects; but the wound, a few days before his death, had ceased to discharge anything but a very thin fluid, resembling bile. An opportunity for a post-mortem examination was not presented, which I very much regret.

The points of particular interest in this case are—the entire absence of fever and the other evidences of inflammation; the length of time the patient survived so extensive an injury; and the suddenness of his death.

Catalepsy? from Toothache.

We publish the following detail of a case which some of our readers may regard as rather trivial for preservation in the records of a journal. We are of opinion, however, that nothing should be regarded as trivial which tends to throw light on that most mysterious of all subjects in medical philosophy, the pathology of the nervous system.

"I was called to see Willis, a plough boy, in October last, and was given the following account of his situation: He was complaining of the toothache early in the morning, but went to ploughing as usual. In about a half hour after commencing work, he was observed by one of the field hands to be lying at a short distance from the plough apparently dead, speechless and motionless. A couple of the men took Willis and carried him nearly a mile to the house of the owner of the boy, and I was sent for (five miles distant.) When I arrived, they gave me the above relation of the case. I immediately examined his teeth to find the one which had been aching, believing such an effect might be produced upon the brain through the dental nerve. I extracted the tooth (which he afterwards said was the one that had been aching before he went to ploughing) and he immediately got up and expressed himself as well as he ever was, and proceeded to ploughing, and has continued well since. It may be proper to state that Willis had been an unusually healthy boy, and had never had a physician to see him before.

G. W. Hunton."

We presume the patient was in a state of cataleptic anæsthesia when the tooth was extracted. We wish our corres-

pondent had given us further details in regard to this remarkable case, as, for instance, the state of the pulse, the condition of the pupil, and of the general nervous and muscular systems. If mesmerism were in vogue, the condition of his patient would no doubt be attributed, by its votaries, to that fabulous agent, or in parlance common among negroes—"*he was tricked by somebody.*" B.

Report of Nine Cases of Poisoning by Arsenious Acid.

BY R. A. LEWIS, M. D., RICHMOND, VA.

On the 15th of February 1854, at half past seven o'clock, A. M., I was called to see a family, consisting of nine persons, six adults and three children under ten years of age. Six of the nine were white persons, and three were black. Five of the whites were adults, and one a little girl about five or six years old. One of the blacks was an adult; the other two were children—one eight and the other four years old. All the white persons were females except one—a man about twenty-five years of age. All the blacks were females—the adult a woman about forty years old.

I found these nine persons all laboring under the symptoms of poisoning by some irritant poison. The symptoms were violent nausea and vomiting, faintiness, a sense of constriction and burning in the throat, great thirst, pain in the stomach and bowels, quick, irregular pulse, and skin rather cooler than natural.

Upon enquiry, I found that there had been a difficulty with the cook, a black woman about forty, and she had been notified that she would be sent to the public hiring on that day; and she had replied that she would die before she would go.

The whole white family sat down to breakfast, and in a short time some of them became deadly sick, and began to vomit; and in a short time all who had eaten were vomiting; or rather, all who had drunk coffee. The cook was called into the house and accused of putting poison in the coffee, which she denied. She was then told, if she had not done so, to drink some of the coffee. She said she was not afraid to do so, and poured out and drank a cupful, and gave some to each of her children.

I poured the liquid out of the coffee-pot in a bowl, and spread the grounds out in a plate, and found white particles through the whole of them. Placing some of them on my watch, I found it was not corrosive sublimate. As arsenious acid is more commonly used as a poison than any other substance, I commenced my treatment upon the supposition that this was the poison used. I immediately sent for hydrated peroxide of iron; or, if that could not be had freshly prepared, magnesia ust. While the messenger was gone, I gave my patients freely large draughts of flour and milk, which was ejected almost as soon as swallowed; but was repeated every few minutes, till the messenger to the druggist returned with the magnesia, the hydrated peroxide of iron not being readily prepared. While administering this in large doses, not being weighed or measured, Dr. Power, who had been sent for, came in, and concurring perfectly with me, we continued to give them the magnesia, and the mucilage of sassafras pith for a drink, (which was given ad libitum) till about 2 o'clock P. M. The vomiting still continuing, large quantities of bile, mixed with food, was ejected, mixed with the magnesia and mucilage, and an occasional tinge of blood, and an action on the bowels occasionally in some of the cases.

About 2 o'clock P. M. we gave each patient a full dose of laudanum in a little olive oil, and repeated it until it was retained. Mustard plasters over the stomach were also applied. The vomiting gradually ceased, the intervals between the paroxysms becoming longer and longer until 10 o'clock at night—most of them dosing—when we left them.

February 16th—We were told that our patients rested some through the night, occasionally suffering from nausea, and some of them vomiting several times. We found them all complaining of headache, soreness and tenderness over the stomach, great thirst, skin rather warm, and pulse quick and tense in all the cases, except the black woman, who had been purged most. Her skin was cooler and pulse weaker than the rest. Other symptoms the same. Directed ice to be eaten freely, and a tablespoonful of ice cream three times a day.

17th—Patients all better. Treatment and diet the same.

18th—Patients still better; ask for food; small quantity of mush and milk three times a day, and ice as before.

19th—Patients all sitting up, but weak, asking for meat, bread, &c., but mush and milk diet was prescribed for a week, and the patients dismissed as convalescent.

I have been informed that the black woman on the 20th repeated the dose, from which she died. I was not called to

her in the second attack, but on the 19th she was as well as the others, all of whom have recovered. Before her death she confessed that she put a white powder in the coffee.

I took some of the decoction of coffee and some of the grounds home with me, and analysed them, which gave the following result:

1st—The acids and zinc to be used were tested and found to contain no trace of arsenic.

2d—Some of the grounds were carefully dried and heated in a test tube, with pulv. charcoal, which gave the characteristic metalic ring of metalic arsenic.

3d—The hydrogen or Marsh's test was used, and after the coffee was added to the zinc, acid and water, and the hydrogen lighted, white fumes were emitted, with the characteristic odor of arsenious acid fumes, which, in opposition to authority, I will state is not the odor of garlic exactly, but nearer to that of phosphorus. On applying clear porcelain and glass to the flame, large metalic rings were obtained, so thick that they could readily be scaled off. These exhibited the characteristic metalic lustre and play of colors.

4th—Some of the scales from the rings obtained by Marsh's process were heated in a tube resolved into arsenious acid, distilled water added, and boiled, and sulphureted hydrogen passed through the solution, which threw down the rich golden precipitate of sulphuret of arsenic or orpiment.

5th—A solution obtained in the same manner as that which was treated with sulphureted hydrogen, was tested with ammonio-sulphate of copper, when a beautiful rich green precipitate of arsenite of copper was obtained.

6th—A similar solution being tested with ammonio-nitrate of silver, gave the canary yellow precipitate of arsenite of silver, which changes to a greenish brown when exposed to the light for a short time.

7th—Reinsch's test was used. Some of the decoction of coffee was acidulated with hydrochloric acid, boiled, and while boiling, bright slips of copper introduced into the boiling liquid, which were instantly covered with metallic arsenic.

One favorable circumstance in these cases was the large quantity of the poison administered, and on its being taken into the stomach with a quantity of food, the arsenic acted as an emetic in a few minutes, and most of it was ejected, most probably, with the food; but it is rare for so many cases to recover under the most favorable circumstances, and is, I think, an argument in proof of the potency as an antidote of the old remedy, magnesia, when persevered in, and given in large doses.

Practical Suggestions to Young Physicians.

We know not that we can, in any way, render a greater service to the young and inexperienced members of our profession, than by offering the following suggestions as to the proper rules to be observed in adapting and proportioning the medicines which they use in the treatment of disease.

We well remember the embarrassment which we sometimes felt in the early days of our professional career, in consequence of the failure of the remedies administered, to meet what we regarded the plain indications of the case.

Subsequent experience has taught us not only that the error was in us, but how, to our own comfort as well as to the relief of our patients, we might have avoided that embarrassment.

We shall be compensated, in some measure, for the pain to which we were subjected, if our experience shall be the means of saving others from like error and like suffering.

The common fault of all novitiates in the practice is, that they are what is familiarly known as *routine practitioners:* that is, they *follow too closely the directions of the books*, without changing the medicines and regulating their doses *according* to the *varying symptoms and exigencies of each particular case.*

When called to the bedside of a patient, after having made themselves acquainted with his feelings, together with all the circumstances preceding and attending the attack, they examine his pulse, skin, tongue, secretions, &c. Possessed of the important information thus derived, they too generally set about thinking what *the disease* is *termed*, and what the *treatment* recommended in that affection, by their *text book on the practice*, or by some other work *specially brought to their notice by their instructor.* Having satisfied themselves on these points, they are at no loss for the remedy. It may be that an emetic or cathartic is promptly administered; but, instead of operating as was expected, it makes no sensible impression whatever, or it produces a result the opposite of what was desired.

Disappointed and discomfited, the young and timid practitioner consults another favorite author, whose prescription proves as inoperative or as injurious as those already administered. In this dilemma he either gives up in despair, and abandons his *patient* to his fate, or *he* calls in a *consulting physician* whose experience enables him to detect the error, and who, by continuing the remedy first used, in increased or diminished doses or in new combinations, or by substituting

some other of directly opposite qualities, *relieves both the doctor* and *his patient.*

We will suppose that the case under treatment is one of bilious remittent fever, accompanied with torpor or with congestion of the liver. Calomel has been administered in the usual doses; but instead of unlocking and relieving the suffering organ, the bowels are stimulated to an inordinate degree, and copious watery evacuations threaten to prostrate the patient.

The experienced and sagacious practitioner who has been called in consultation, instead of throwing aside that great regulator of the secretions, doubles or *quadruples* the dose, combining it at the same time with opium in some form, and thus not only promptly arrests the serous discharges from the bowels, but causes the liver to pour out healthy bile in proper quantity, which prepares the patient for the quinine, the timely administration of which saves a valuable life, and most forcibly demonstrates the importance of adapting the remedy, *both in character* and *quantity* to the *circumstances* of *the case.*

If the immortal Rush (whom I have been sometimes disgusted to hear reviled by the unfledged disciples of Broussais) had rendered no other service to mankind than by the simple inculcation of the important principle that the only philosophical and safe rule in prescribing medicines is *to disregard the name of the disease* and be *guided by the symptoms as they present themselves*, he would have deserved to be regarded as one of the greatest benefactors of his race as well as one of the greatest reformers in medicine who ever moved in the tide of time.

I am satisfied that a large portion of all the deaths which have ever occurred from disease of any character, has resulted from a neglect *of this all important principle.* The fact is that no individual, whatever his talents or his learning, can be a successful practitioner if he overlook or disregard this *fundamental truth in medicine.*

The first object to be accomplished on visiting a patient should be to *form a correct diagnosis of the case.* To do this the physician should notice not only the symptoms as they appear on his inspection, but he should enquire minutely into the *antecedents of the case*, as well as into the *habits, predispositions, idiosyncracies*, &c. of the patient.

Having satisfied himself thus of the true condition of the various organs implicated, and of the indications to be affected, he is prepared to select the remedy most proper to be administered.

With his opinion formed after *this careful consideration of all*

the circumstances of the case, and with his course thus marked out, he should not be turned from his purpose by "light and transient causes."

There should be no vacillating, no "shifting and dodging" from one medicine to another, *unless a change shall become necessary by the occurrence of some new symptom*, or *by the discovery of one which had been previously overlooked.*

It often happens that the physician has taken a proper view of the case under treatment, and has been for hours or days administering the proper medicine; and yet he may have seen no improvement in the condition of his patient, but rather an aggravation of the disease.

Now we would warn the inexperienced and timid practitioner against hastily determining that, because of this discouraging state of things, he has been giving the wrong remedy.

Let him rather carefully re-examine the condition of the sufferer, and review the course of reasoning by which he was led to form his diagnosis. Above all, let him consider *the circumstances which may cause the case under treatment to differ from* ordinary cases of the same disease, either in character or intensity; and he will often find that by diminishing or increasing the quantity of his remedies, or by giving them in new combinations, or, as sometimes happens, by administering them in *another vehicle* from that *first used*, the disease will be arrested and his patient restored to health.

In many cases much, we will go farther and say *all*, depends on the *quantity* and *combination* of the medicines administered. In croup, for example, it often requires as much tartar emetic to excite vomiting as would be hazardous to give to half a dozen children in health.

So in bilious colic and its appropriate remedies, not to mention other diseases and other medicines, (for the principal holds good in all,) we are forced to give opium in combination with calomel, in five or ten times the usual quantity. This article, it is well known, is commonly given in doses of a grain or two, to relieve pain or to arrest *purging;* and yet given in that quantity in violent bilious colic, attended with severe spasm, it would produce no good effect; while, if it be administered in *greatly increased doses*, it will not only relieve the pain, but by removing the spasm on which the pain mainly depends, it will greatly *favor* the *purgative effect of the calomel.*

These cases (and such might be multiplied almost indefinitely) are sufficient to show the importance of the principle which we would inculcate, namely, that no one can be a suc-

cessful or a safe practitioner who does not *adapt his remedies* and *graduate* his doses to the *varying* circumstances of each case in which he administers them.

The truth is, that the word "dose" is altogether a *relative term.* When, for instance, it is laid down in treatises on materia medica, that from one grain to three grains of tartar emetic is a dose, it is by no means intended to convey the idea that one grain is the minimum and three grains the maximum quantity in which that medicine should be administered.

It means only, that in a *majority of cases*, vomiting will be excited by that quantity taken into a *healthy stomach.* The regulation of the dose in any given case, must, *of necessity*, be left to the *judgment* of the practitioner, who should be guided in *all instances*, by the *circumstances* under *which it is used.*

And so of opium and indeed of all other medicines. We know that from one to two grains of this drug is said to be a dose; and yet it sometimes happens in mania and some other affections, that more than twenty times the larger quantity mentioned above is required to calm the nerves and control the inordinate mental excitement of the sufferer.

The same principle is applicable to blood letting. When the abstraction of from twelve to twenty-four ounces of blood is recommended in the treatment of inflammation of any vital organ, it is not meant that not more than the last mentioned quantity shall be drawn in any such case, for we frequently have to abstract *much more.* We should always go for *the effect* and *not* for *any given quantity.* The exact guage must, as in the case of medicines, be left to the judgment of the practitioner, who should regulate it *according to the symptoms before him.*

We shall not attempt an enumeration of all the various causes which create the necessity for this variation of the character and quantity of medicines, but will allude to only a few of them.

The practitioner in the northern section of our Union stands aghast when he hears of the hundred grain doses of calomel and the thirty grain doses of sulphate of quinine which are sometimes given in the bilious remittent and the continued fevers of the south; and he is incredulous as to the propriety of the treatment. But if he could witness the cases and the success of these remedies thus administered, he might become convinced that CLIMATE may exert such a controlling influence as fully to vindicate the propriety of the practice.

We have elsewhere spoken of the HABITS of the patient as a matter which should be carefully enquired into. We not

unfrequently find that from long indulgence in the use of ardent spirits by our patients, we are inhibited from abstracting as much blood as would be required under other circumstances; and in such cases when stimulants are indicated, they have to be administered in larger quantities than would ordinarily be admissible. And so in those cases where the patient has indulged in the habitual use of opium in any form, much larger doses are required, and we have to be governed, in determining the quantity of that article to be given in any supposed case, altogether by THE EFFECT, taking care to GIVE ENOUGH.

Before dismissing this branch of our subject, we would remark, that the young physician is not unfrequently beset, by the importunities of the patient or his friends, to give medicine, not only when none is required, but when it would be highly improper and injurious to do so.

It often happens that the remedy which had been previously administered is acting as was expected, and the physician finds it proper to leave his patient without ordering any other medicine. It may be that the latter is restless and impatient, and may imagine (as we have often known to be the case) that nothing but the gulping down a dose of medicine every hour or two can relieve his sufferings and restore him to health. If, under these circumstances, the physician leave him without prescribing *something*, the individual considers himself *neglected*, and in *all* probability concludes that the doctor has mistaken the nature of his case. The inquietude and apprehension occasioned by this conviction may of themselves aggravate the disease, and thus injure the patient; or if he be not so alarmed, he is rendered dissatisfied with his physician, and perhaps dismisses him, and much to his own injury, calls in another, who, willing to humor him in his notion, or it may be, satisfied that his predecessor has erred, pours down dose after dose, which so interferes with the curative operation of nature then going on to the satisfaction of the dismissed physician, as to induce a new and fatal action, and thus to destroy the patient.

Are we asked what the practitioner is to do in such an emergency? We reply that, as in all other instances, the character and quantity of the remedy should be determined by the *exigencies of the case.*

Satisfied that any interference with the curative action of the vis medicatrix naturæ, at that particular stage of the disease, would be improper and injurious, he should, to preserve the confidence and calm the apprehensions of the patient and his friends, direct some simple thing, such as a few drops of

sweetened cochineal water, or a drop or two of sweet spirits of nitre diffused in a teaspoonful of water, or some other equally harmless article, to be given every four or six hours, until such time as some other and more active remedy may become proper.

Let no one say that this would be practicing an unjustifiable deception; that it would be in fact "doing evil that good might come of it." We are not the advocates of any such jesuitical action as would be implied by such a rule of conduct. And we deny that the course advised would be obnoxious to such a charge.

That profound thinker and sound moralist, the immortal Lord Bacon, was of opinion that there are exceptional cases, in which "morality submits to a suspension of her rules *in favor* of HER PRINCIPLES."

We by no means admit that we are driven to this exception in justification of the practice above recommended. We do not regard the course advised as a departure from the strict rules of morality.

It is no deception, because the harmless prescription recommended is not only *a* remedy, but *the best* remedy that can be administered *under the circumstances of the case.*

Again, there are certain PREDISPOSITIONS which should never be disregarded in the administration of medicines. We have known persons so predisposed to hemorrhage from the lungs or to apoplexy or hernia, as to render it hazardous to give an active emetic. The same may be said of other affections and other remedies.

Furthermore, there are IDIOSYNCRACIES which strongly forbid the use of particular remedies, which otherwise would be best adapted to the cases under treatment.

There are many individuals who cannot take calomel in any quantity, (even the smallest) without being salivated. There are others who are immediately subjected to very violent attacks of dyspnœa, by even the slightest smelling of ipecac. We have a friend who cannot enter a room in which there is a vial of *Dover's powder* unstopped, without having his breathing painfully affected in an instant. Now in all such cases it would be the height of folly for the attending physician to overlook or disregard these *peculiar circumstances.*

They all should be carefully weighed in forming a judgment as to the proper remedy to be used.

While on the subject of ipecac. we will remark, that we always give it in larger doses *than any of the books recommend*, if we desire to obtain its emetic effect; for this reason, that while it is a mild and gentle emetic, it frequently proves to be

a troublesome *cathartic*, producing frequent watery discharges and irritating the mucous membrane of the intestines in no ordinary degree. To prevent this disagreeable result and to insure the emetic effect, we have been in the habit of giving about double the quantity usually advised by the books. It is only when given in doses of from ten to twenty grains, or thereabouts, or when in larger doses it fails to excite free vomiting, that we have found it apt to produce the unpleasant result above stated. In very minute doses, even without opium, it is frequently very efficient in arresting dysenteric discharges, by determining to the skin.

There is yet another consideration which should have no inconsiderable weight in regulating the character and quantity of the remedies used in the treatment of disease. It is one too which we are persuaded is not always sufficiently regarded, even by the experienced practitioner. We allude to the constitution of the patient as affected by *color*.

We had not been long engaged in the practice of medicine before we were fully convinced that what will cure a white person of fever or other disease, will kill a negro suffering under a like affection.

They do not require nor will their systems bear *depletion of any kind*, either by blood letting or purging, to the extent which is demanded in the case of white persons. Emetics, on the contrary, seem to be better adapted to them than to whites, and stimulants are much sooner called for in the treatment of their diseases. As the necessary result of this peculiarity, they are far less able than white persons to withstand the inroads of any disease of an inflammatory character, as they are much more liable to sink under attacks of typhoid or typhous fever. In the one case, because of their inability to bear up under the necessary depletion; and in the other, because of the tendency of their system to sink under the depressing influences of that fearful malady. In making out our PROGNOSIS, therefore, as well as in determining on the *remedies* and their proper QUANTITIES, we should not disregard THE COLOR of our patients.

There is only one other consideration to which we will advert in this article, and that is the importance of paying attention to the PROPER COMBINATION OF MEDICINES.

An acquaintance with all the properties of every article of the materia medica will not qualify any one for prescribing them, unless he possess a knowledge of their RELATIONS TO EACH OTHER.

Without this knowledge, the practitioner must grope his way in the dark, liable, on the exhibition of every compound,

to become the unconscious, *though not the innocent* murderer of his patient—for he can never know whether he is administering an inert, a remedial or a *poisonous* mixture.

It is of the first importance, therefore, for the physician to know, not only the properties of each separate article which he prescribes, but, that he shall be fully acquainted with their *relative affinities.*

We will not stop to mention any of the numerous incompatible articles used as remedial agents; but we would impress on the minds of our young brethren the *vital importance* of making themselves fully acquainted with them all, and of never combining medicines *without special regard to* their *affinities.*

The same injunction will apply to the VEHICLES in which the medicines are administered.

A syrup containing an acid of any kind, for example, is a very improper menstruum in which to mix certain powders which are in every day use, not only by the profession, but by mothers and nurses.

How many "little innocents," who were the "darling of their parents," have fallen victims to ignorance on this subject, on the part of their doting mothers or fond nurses, we care not to know. We are satisfied, however, that their name is legion.

By way of impressing on the mind of the reader what we have written, we will sum it all up in the following brief expression:

Never combine medicines WITHOUT KNOWING AND REGARDING THEIR CHEMICAL AFFINITIES; and in apportioning the doses of all remedies, give just AS LITTLE AS WILL DO and just as MUCH AS IS REQUIRED.

T. P. A.

EDITORIAL AND MISCELLANEOUS.

The arrangement made with the late editor of the Stethoscope, and with its present publishers, by which it has become the property of the Medical Society of Virginia, will be fully explained by the committee to whose care the matter was committed, in their forthcoming report; and it is hardly necessary to say, that they court the freest investigation in

regard to it. They feel perfectly assured, that they have in no one particular transcended the power entrusted to them.

We do not intend at this time to argue the policy of this arrangement. This has been definitely settled by the action of the society itself. By a formal resolution it instructed its committee to establish a journal of its own, and they have succeeded in a manner which will no doubt be acceptable to a large majority of its members.

Owned then, as this journal now is by the society, the present editors cannot think it unbecoming in them to call upon its proprietors to give it a cordial and earnest support; not merely the support afforded by the punctual payment of their dues as subscribers, but the equally important support of contributions from their pens. Talented and observing physicians are sufficiently numerous among us, to insure the successful continuation of the Stethoscope; and we cannot bring ourselves to believe that they will not enrich its pages from time to time with their valuable communications.

While it is the province of the editors to attend to all the business arrangements of the journal, and to provide for its original as well as its selected department, it surely cannot be expected of them that they should become its frequent contributors. Admitting their entire fitness for such a service, they beg leave to say that they do not crave it: they seek no notoriety in this respect; and while they willingly perform the duty imposed upon them, it is not unreasonable to think that even a higher duty devolves upon others: their gratuitous services should be amply repaid by the encouragement and support of those for whom they labor. Were we the owners and beneficiaries of this journal, these remarks had not been penned.

We wish to present our readers with some of the views which we hold in regard to the position of this journal. We hold that since it has become the property of the Medical So-

ciety of Virginia, a body composed of five hundred fellows, of course widely differing in sentiment, and probably representing the views of the whole profession of the state, that every respectable member of our profession, and especially of the Medical Society, has a right to be heard through the columns of this journal, however humble or elevated he may be—that it is our duty to keep its pages open to the freest discussion of questions in medical science, education, organization, legislation, the various reforms that may be advocated in regard to these different subjects: in short, to everything appertaining to the science of medicine and touching the interests of the profession. They shall be open to the full expression of opinions on all these matters, however distasteful any of these opinions may be to ourselves.

The only restraint we shall feel called upon to exercise in regard to essays on medical policy, relates to the length of articles, and to their tone and temper. In order to explain ourselves, we state that we shall be compelled to exclude articles which, by their length, would occupy space required for other subjects; those which may be of a frivolous character; and we shall more certainly exclude such as may lead to personal disputes. Should we deem articles liable to these objections, entitled, on account of the subjects to which they refer, to a place in our pages, we shall, before inserting them, exercise the liberty of condensing or striking out all passages of a personally offensive character. We design, therefore, to make this an independent journal, in the widest acceptation of the term. We shall present full reports of the proceedings of the Medical Society of Virginia, and indeed of all other Medical Societies and bodies whose proceedings may be furnished us. We design to make our pages a faithful record of every important circumstance affecting the general welfare of our profession: we design that they should be looked to hereafter with confidence, as containing a full and correct record of the times.

With such views and intentions, it is hardly necessary to say, that if in any of our statements we should inadvertently

do injustice to any one, the slightest intimation will be sufficient to induce us to make a proper amende. Free and independent in ourselves, we shall, as far as in us lies, be impartial and just to all.

The New York Daily Times.

We are gratified to learn that this paper "has a medical department conducted with considerable vigor, which is a common deposit for the floating medical news of the day. This evidence of a wish to adapt the Times to the wants of physicians, will, we hope, find its reward in a cordial support from the profession." Will not some one of our Richmond papers take the hint?

Similia Similibus Curantur.

A writer in the Peninsular Journal of Medicine tells a story of a Dr. *Smallpill* having seized a calculus of the gall bladder procured by post-mortem examination, carefully laid it aside, and confidentially told Dr. C. that he intended to prescribe it in proper doses the next case of the kind he might be called to treat.

Suit for Malpractice.

In the recent case of James McWha vs. Dr. Alexander McCandless, in Maryland, the decision of the court was rendered against the doctor, as follows: "That the defendant was bound to bring to his aid the skill necessary for a surgeon to set the leg so as to make it straight and of equal length of the other when treated; and if he did not, he was accountable for damages, just as a stonemason or a bricklayer would be in building a wall of poor materials, and the wall fell down, or if they built a chimney, and it should smoke by reason of

a want of skill in its construction." Dr. McCandless appealed to the superior court, who decided "that the implied contract of a physician or surgeon is not to cure or restore to natural perfectness, but to treat the case with diligence and skill. He does not deal with insensate matter, but has a suffering human being to treat, a nervous system to tranquilize, and a will to regulate and control. The ruling of the lower court is therefore set aside."

Excision of the Astragalus.

This bone has been successfully excised for caries by S. F. Statham, thus saving the foot and leaving the patient a very serviceable limb.—*Dublin Med. Press.*

Brewers' Yeast in Puerperal Fever.

Dr. Gideon B. Smith, in a letter to the editors of the Boston Medical and Surgical Journal, after detailing two cases successfully treated by brewers' yeast, observes, "I have still continued to rely upon it as the sheet anchor of hope, under God, in all cases assuming a typhoid character, and in all eruptive diseases of whatever form, with the happiest effect, not having lost a single case when the remedy was freely used. In these cases of puerperal fever, and especially the first, complicated as it was with a high degree of inflammation of the womb, as well as of the peritoneum, I do not believe the patient would have survived the ordinary treatment three days. The malignant symptoms were as marked as their supervention was rapid. Within thirty-six hours after the first symptom of the attack, there was every evidence of the putrescent state having commenced; and in less than four hours after taking the yeast, every symptom of putrescence had abated, and in twenty-four hours disappeared and never returned.

"I must remark, that I can give no other reason for using brewers' yeast than that furnished by its good effects in previous cases. I confess it is a purely *empirical* remedy. It is not the carbonic acid gas of the yeast that performs the almost miraculous work of the remedy, for I have used carbonated

waters much more highly charged with it, without any such effects. What then is it? Strange to say, that while every other liquid highly charged with carbonic acid gas causes large eructations, the yeast never has any such effect. It causes no flatulence nor distention of the stomach, though taken in sufficient quantity to puff up a barrel of flour made into dough. Neither distillers' yeast, bakers' yeast, common family yeast, nor the common yeast powders, have the same effect as brewers' yeast. Neither does stale brewers' yeast have as good an effect as that which is fresh—say not more than one or two days old."

Spirit Rapping and Table Turning.

The following statement from the New York Commercial Advertiser, into which it was copied from the Paris Univers, will give our readers a fair idea of the extent to which this miserable delusion has been carried. It will be borne in mind that it is attested by educated persons in the middle of the nineteenth century, and is not an extract from the venerable Cotton Mather's Acta Magnalia Christi, nor belongs to the period of Salem witchcraft:

Mr. Gay says that at one of these meetings about twenty persons were assembled, and the customary circle having been formed, "in about ten minutes the table turned; in fifteen minutes it answered questions by *striking the floor with its feet.*" If it was a four-footed table, we see nothing wonderful in this, since many quadrupeds, without spiritual aid, and blessed only with brute instinct, can be taught quite as intelligent a performance. This is curious, in two phases. First, that * * * * * *

Second, that (alleged) spirits, denizens of a world where all is harmony and accord, and where creeds are unknown, should, in different places and companies, teach the most contradictory doctrines. Here nearly all the spirits—whose services are hired out at from 25 cents to one dollar per interview—are decidedly latitudinarian and infidel. They deny divine revelation and its cardinal doctrines. At Herblay and elsewhere all their replies "conform to the Romish faith." This certainly has an awkward appearance. Either these

itinerant spirits are "gay deceivers all," time-servers and impostors, or the Romish faith is ——, which would be a very uncharitable conclusion.

Yet, taking the Rev. Mr. Gay for our guide, we appear to be getting into a dilemma. The reverend gentleman assures us that the answers of the spirit, that dwelt in the table at Herblay, all "conformed to the Catholic." Well, he paid it a visit. "The rendezvous was appointed for *Sunday*, after vespers." Mr. Gay and twelve others "went to the presbytery." Operations were commenced upon a "centre table about three feet in diameter," not a very difficult body to move, one would imagine, especially as "six persons, among whom were the ecclesiastics, formed with their hands a continual chain upon its surface." The result is thus described:

"Half an hour passed without any movements, despite the ardent desire and reiterated injunctions of the operators. At the expiration of this time, however, the table turned to the right or left, according to the will of the performers. It was interrogated, and enjoined to answer by striking against the floor with its feet, once for 'yes,' twice for 'no,' and for letters, a number of strokes corresponding to the number of the letters named in the alphabet. A half hour passed without result. They told it to signify its willingness to reply by turning. It appeared to accede, for it turned, but it obstinately refused to strike with its feet for two whole hours.

"The performers were fatigued, despite the forced pleasantries which some of them addressed to the table; despite the laughter that the obstinate persistence of the performers called forth. At length the performers, wearied, arose; but before he lifted his hands, one of them said, in a loud sort of voice, 'Art thou an evil spirit?' At once the table rose beneath the hands of this one person to the height of five or six inches, and struck one strong blow upon the floor."

Probably the six gentlemen were favored by nature with excessive manual or digital developments, and laid hands—some of them were ecclesiastics—too heavily upon the table, so that it literally "jumped for joy" when the burden of five pairs was removed. But, adds Mr. Gay, "it was natural to follow this up." This was the spirit, somewhat discourteous at first, but now becoming communicative, that gave "correct" answers conformably to the Catholic faith, and Mr. Gay seems to have resolved upon learning who and what this useful ally was. So they talked to the spirit in the table that "struck strongly with its foot," first asking him if he spoke Latin, and he modestly admitted his ignorance of the classics. Then in French they put the solemn questions, "Who

art thou? Tell us thy name," &c. We quote the sequel in Mr. Gay's own words, lest we should be suspected of exaggerating folly:

"The table struck four times for D. 'The second letter?' The table struck five times for E. It was easy to guess the rest, but they went on. Then the table appeared to be mad. One of the operators cried out, 'It is mad!' It made a convulsive movement and rapped out M, and then O, and the N. You may easily fancy the emotion caused by this terrible word DEMON. I cannot give you an idea of the effect produced by the repetition of the letters, and the mute awe which followed the final N. Faces grew pale, and a universal stupefaction took possession of all."

Well, it must have been somewhat stupefying to find this very oracle, whose "answers" had been pronounced "all correct" and "conformable to the Catholic faith," proclaiming himself to be of such origin and condition!

Reviews and Bibliographical Notices.

A Treatise on the Diseases of the Eye. By W. LAWRENCE, F. R. S. &c.—*new edition—edited, with numerous additions, by* ISAAC HAYS, M. D., Surgeon to Wills' Hospital, &c., &c. *Philadelphia: Blanchard & Lea.* 1854. 948 pp. 8vo.

From J. W. Randolph, Richmond, Va.

In the crude, hurried, ill-digested course of lectures of our medical colleges, one professor devotes a considerable proportion of the few hours allotted to his course, to the deeply interesting science of auscultation. He enlarges and expatiates upon it, waxing warm and eloquent as he describes the various râles, and traces them to their corresponding morbid changes, when suddenly he is cut short by a crowd of subjects pressing upon him, all necessary to a full and complete course, and reminding him that "time is short while art is long." Having gotten nearly through his hobby, he hurries along through the rest until the first of March comes like an auctioneer's hammer, to stop him in mid career, and the students are *gone*. So on with the various other branches of medical science.

The student attends the lectures of the professors of various departments. He hears a great deal about the diseases of the organ which fashion may have selected as its victim.

Now this remorseless tyrant produces an epidemic dyspepsia, and straightway the lecturers in the schools vie with each other in displaying their intimate knowledge of the diseases and their treatment of the stomach, liver, spleen, &c. Then the uterus becomes the retreat of the invisible ruler of the elegant and refined part of society, and anon we have accomplished speculists and diagnosts of the morbid phenomena of the hidden recesses of the female form.

The student learns in the anatomical theatre the complex structure of the beautiful and precious organ of sight, but who is to teach him its varied diseases. Alas! fashion has not selected it for its victim; the lecturers are engaged in subjects more connected with popular notoriety, and the eye is passed over with a few hasty remarks, or not noticed at all.

Were it not for the neglect of the pathology of this important organ, it would be impossible that we should meet with the common routine practice of curing its varied diseases by means of a solution of nitrate of silver dropped upon or penciled over the tunica conjunctiva. Not many years have elapsed since the writer found a patient's eye (that of a delicate refined lady) stuck in a stinking rotten apple, and this, too, prescribed by a practitioner of eminence!

Think for a moment what a beautiful microcosm it is, when seen under the light of the doctrine of the tissues. Here we have the mucous, the fibrous, the vascular, the serous, the nervous, the osseous, &c., all within the compass of a sphere of little over an inch in diameter, and so open to our inspection that we can daily watch the advancement or retrogression of their morbid phenomena.

In what organ can a more satisfactory diagnosis be made out, and in what are the curative means more clearly indicated? These considerations then—the inestimable value of the organ, the facility of diagnosis, and the general amenability of its diseases to treatment—present a sufficient inducement to every practitioner to devote a fair proportion of his time to the study of the diseases of the eye.

As a safe and complete guide, we would especially recommend the treatise before us. We well remember the remark of a distinguished surgeon when the death of Sir Astley Cooper was announced: "The most learned and talented surgeon now in Great Britain is Lawrence." After the publication of the first edition of his work, on mentioning it with commendation to a surgeon attached to one of the most successful institutions for the treatment of diseases of the eye in this country, "Oh yes, we swear by Lawrence here," was the reply.

But important additions were continually made to this branch of medicine, and it became necessary to prepare a new edition in order to bring it up to the present state of ophthalmic science. The author having declined the task, it was undertaken with his approbation (no mean compliment) by the accomplished and experienced surgeon to Wills' hospital, and we need hardly add that the task has been ably performed.

The chapter on the anatomy of the eye-ball is very complete, containing the results of modern researches, very fully illustrated by admirably executed cuts. In this respect the chapter is a vast improvement upon that of the previous edition, and we commend the removal of the plates from their position as frontispieces to their proper place in the text.

We find but little addition to the chapter on the physiology of the eye-ball, with the exception of the following explanation by the editor of the *Catoptric Test*, which is so admirably explained that we feel we are rendering our readers a valuable service by copying the article entire:

"The eye has thus far been regarded, principally, as a dioptric* instrument, that is, in reference to its power of transmitting the rays of light to the retina and so refracting or collecting them as to form images of external objects on that part. This is undoubtedly its especial function—that for which it was designed—nevertheless, all the rays of light which impinge upon these transparent textures are not transmitted, some of them are reflected (see p. 84,) and these catoptric phenomena, though merely incidental, are worthy of consideration, inasmuch as they afford important diagnostic signs in certain affections of the organ.

It has been stated (p. 81) that when light falls upon some surfaces, instead of passing through them, it is reflected or rebounds from their surface. In such cases the angle of reflection is always equal to the angle of incidence, and this is true whether the reflecting surface is plain, convex, or concave.

Images formed by a *plane* reflecting surface, are equal and similar to the objects, and appear at the same distance behind the plane that the objects are before it.

Images formed by a *convex* reflecting surface, always appear behind it, and they are erect and smaller than the objects they represent. The greater the convexity of the mirror† the nearer and smaller appears the image. When the object is

* Instruments which operate on light by *refraction* are termed *dioptric*, from *dia*, through, and *optomai*, I see; those which operate on light by *reflection* are termed *catoptric*, from *kata*, against, and *optomai*, I see.

† All surfaces of a regular form which reflect images are termed mirrors.

moved laterally, the image moves in the same direction. As the object is approached to the mirror, the image approaches also, and *vice versa*; and the nearer the object is approached to the mirror the less is the image diminished.

Images formed by a *concave* reflecting surface, when the object is placed further from it than its principal focus, appear before it diminished and inverted.

The cornea and anterior and posterior crystalline capsule reflect images of luminous bodies in accordance with these laws. If a lighted candle be held before a healthy eye, three images of it are visible, two upright and one inverted.

The cornea presenting a regular, polished, *convex* surface, reflects an erect and diminished image, which moves in the same direction as the candle when this latter is carried laterally. A reflection takes place from each surface of the cornea, but the thinness of this coat renders the interval between the image so small, that they appear as one. If, however, a candle be held before a common watchglass, the two images may be readily distinguished.

The anterior crystalline capsule having a surface similar to the cornea,* reflects a similar image. This image is, however, larger, being magnified by the aqueous humor and cornea through which it is seen. It is also much paler and less distinct, owing to the manner in which the rays are refracted or dispersed in passing from these denser media into the air.

The posterior crystalline capsule presents a *concave* surface; the image reflected from it is inverted, diminished, appears before it, and moves in a direction opposite to that of the candle when the latter is carried laterally in front of the eye. This image is the smallest of the three, being reflected from the surface of smallest curvature, its radius of curvature being about $\frac{9}{40}$ths of an inch; whilst that of the other surfaces is $\frac{13}{40}$ths, as already stated. This image is very bright and distinct, and appears anterior to that formed by the anterior crystalline capsule, but posterior to the corneal image: the position of these images being so regulated by the curvatures and relative position of the reflecting surfaces.

The images will be seen most distinctly when the pupil is well dilated,† the room darkened, and the observer seated in front of the patient, so that he may look down into the eye

* According to Dr. Mackenzie (*Physiology of Vision*, p. 73,) the curvatures of the anterior surface of the cornea and of the anterior crystalline capsule are the same, the radius of curvature of each being thirteen-fortieths of an inch: other authorities consider the curvatures of the latter rather the smaller. These curvatures, however, vary in different individuals and in the same individual at different periods of life.

† This may be effected by the application of belladonna, stramonium, &c.

rather than up. A candle should be used which burns steadily and does not blaze much.

When the curvatures of the reflecting surfaces become altered, or the transparency of these or the intervening humors are diminished, corresponding changes take place in these images, or they become obliterated, and thus furnish most valuable diagnostic signs, as will be more particularly pointed out in the chapters on these affections. To appreciate the changes referred to, it is essential that the observer should be perfectly familiar with the natural appearances of the images, and for this purpose he must carefully study them as seen in the healthy eye."*

We pass a similar commendation upon the chapter on the anatomy of the appendages that we did upon that of the anatomy of the ball. The following remarks enforce well the opinions we have already expressed:

"It will be clear, from the preceding considerations, that the affections of the eye, as a part of the organic system, come under the general laws of disease and treatment. We must, however not lose sight of its peculiar tissues, and of the modifications which fit the organ for its especial office. It would be a most fatal error to insulate the diseases of the eye from the rest of pathology, to consider them as merely local ailments, and treat them only by remedies applied to the part. It would also be a mistake, though much less serious, to overlook the peculiarities of ophthalmic disease, and, trusting entirely to general means, to neglect all applications to the part."

"Although it may be stated generally that local applications are of much less importance than general means in the treatment of inflammation, whether of the eye or of other parts, they are often useful auxiliaries. At least, they relieve uneasiness, and patients have much faith in them; they wish for something to be done to the part, and while they persuade themselves that they derive benefit from washes, fomentations, &c., they induce medical men to place more confidence in them than they really deserve."

In regard to the local application of warm or cold washes, the author remarks:

"We have been hitherto unable to lay down any precise rule to determine the choice between warm or cold applications in particular instances. The latter are best in diseases which are superficial and in the incipient stage; they may cause contraction of the vessels, and thus restore the part to

* "See *American Journ. Med. Sci.* Aug. 1838, p. 494, May 1839, p. 255, &c."

its healthy state. Warmth is found more advantageous when the inflammation is fully developed, or when it is seated deeply.

The preference of cold or warm applications, and the discrimination of the cases to which they are respectively applicable, have long been debated points in therapeutics. I recollect when cold washes were used almost exclusively in inflammation; now, the warm are more in fashion."

To which the editor adds the following judicious comments:

"Patients have a strong propensity to repeatedly resort to the application of cold or warm water to their eyes, for the relief of the uneasiness attendant upon inflammation of those organs. This is a propensity in which they should not be allowed to indulge, for it is generally productive of an aggravation of the disease and of the discomfort. We cannot assert that these applications are never beneficial, for we have occasionally found them to be so; but this is only in exceptional cases, and when used with great judgment.

When cold water is applied at intervals, the succeeding reaction is injurious, and if made continually, for too long a period, the depression of the vital powers thereby induced, retards recovery. Warm applications, when temporarily employed, are injurious by the evaporation which follows their withdrawal, and when continuously applied, are apt to weaken the parts and favor suppuration. As a general rule, we direct our patients to simply wipe their eyes dry with a soft old cambric handkerchief, and forbid the use of water, unless the lids become stiff and uncomfortable from discharges, and then only at long intervals, when cold or tepid water should be used, as found most agreeable."

We have often witnessed the injurious effects of cold applications especially, and would add a single remark, that we have frequently derived great and immediate benefit from the external application to the lids of *hot* water, as hot as can be borne. We believe that heat thus applied acts powerfully in two ways: 1st, as a stimulant, producing contraction of the weakened, overdistended vessels; and 2d, as a counter-irritant, acting on the same principle, though less in degree, as the method of blistering the lids in purulent opthalmia. We feel convinced that we have witnessed the commencement of catarrhal inflammation cut short permanently by this simple remedy. We would recommend the trial of this abortive treatment whenever a case presents itself in its incipiency, and even in more advanced stages of disease of the internal tissues, we think we have derived real benefit from the use of

simple *hot* water. In the condemnation of the common popular remedy of poultices, except in a few special cases, we entirely concur.

"It may seem unnecessary to say a word further against the use of poultices, after the unequivocal condemnation of them by Mr. Lawrence, but the number of cases of injury to the eyes from their employment, which have come under our observation, convinces us that the popular prejudice in their favor is participated in by very many members of our profession, and it may not, therefore, be entirely useless to offer our experience, also, as confirmatory of their injurious effects. Indeed, we do not hesitate fully to concur with Mr. Veitch,* in considering 'any patient entitled to recover damages in whom the disease (ophthalmic inflammation) has terminated unfavorably, whenever it has done so under the application of a poultice.'"

In regard to the treatment of purulent and gonorrhœal ophthalmia by radiated incisions in the conjunctiva, as practiced by Tyrrel and recommended by our author, (p. 281 and 307,) we add our decided testimony in its favor.

In the treatment of strumous ophthalmia we concur with our author in his strong commendation of quinine, in which he agrees with Mackenzie. The latter remarks:

"In most instances, its effects are very remarkable; and, indeed (although I have met with a few cases which have appeared to resist its beneficial influence,) in most of the little patients to whom I have administered it, it has acted like a charm; abating, commonly in a few days, the excessive intolerance of light and profuse epiphora, promoting the absorption of pustules, and hastening the cicatrization of ulcers of the cornea."

We frequently combine it with calomel, rhubarb and ipecac, or pulv. ipecac. and opii. until the secretions are improved, and then omit the mercurial, retaining the other remedies or not, according as circumstances may indicate. We commend to our readers the following treatment of this disease, very common among our negro population, and in which local applications, so much in vogue, have proved, as might have been expected, of very little service in our hands:

"The best of the preparations of iron in these cases is the syrup of proto-iodide of iron, prepared according to the following formula: Take of pure iodine one hundred grains; iron filings fifty grains; distilled water one ounce. Digest these for some time; filter and wash the ferruginous mass

* "*A Practical Treatise on the Diseases of the Eye*, by John Veitch, M. D., late physician to the forces, &c. &c., London, 1820."

with a little distilled water; unite the fluids, and add half an ounce of sugar; then evaporate down to one ounce. Four parts of this syrup contain one part of ioduret of iron. Two to six drops of this may be given three times a day, according to the age of the child, in a little water or ginger syrup, or the compound syrup of sarsaparilla.

Valuable, however, as is this preparation in the treatment of scrofulous ophthalmia, we have found the cod-liver oil to be still more efficacious. We have now used the oil for several years in Wills' hospital and in private practice, in at least three hundred cases, and have been seldom disappointed in its effects. Children take it without difficulty, and under its use the constitution becomes invigorated, the glandular swellings are dissipated, the cutaneous affections so generally present about the face and ears disappear, and the intolerance of light ceases. The usual dose for a child from six to twelve years of age is a teaspoonful three times a day, which may be given by itself or mixed in the froth of porter."

We have had no experience in regard to the following treatment, but shall certainly test its efficacy when an opportunity presents itself:

"We have employed with the same view the extract of cicuta, and have found it in some cases productive of the best effects.

The most effectual and certain means for the relief of the intolerance of light, so constantly an attendant on scrofulous ophthalmia, are the application of nitrate of silver, or of the tincture of iodine to the lids. To apply the former the patient should close the lids, but not tightly; the skin of the lids is then to be slightly moistened, and a clean stick of the nitrate of silver gently drawn over it. The skin is in a short time blackened, and the lids puffed up. The next day the patient generally is able to open his eyes in the light without inconvenience. The tincture of iodine is perhaps even more effectual, and it is much more easily applied. It is only necessary to paint the lids with it by means of a camel hair brush. It causes some pain, but this soon subsides, and its beneficial effects are manifested in from 12 to 24 hours. We have repeatedly seen patients who for weeks had kept in a dark corner or sat with their hands pressed to their eyes, and who could not separate their lids even for a moment to allow us to examine the eyes, in 24 hours after this application playing about with their eyes open, and unhesitatingly walk to the window that we might examine them.

The treatment of the crusta lactea requires in the inflammatory stage aperients and mild local applications; such as

tepid ablution, spermaceti cerate, elder-flower ointment: afterwards, the oxide of zinc, one drachm to one ounce of rose water, will soon dry up the pustules. The incrustations present at first a formidable appearance; but the complaint is quite superficial, and leaves no marks behind. Apprehensions of ill consequences have sometimes been entertained from the sudden removal of such an eruption; and these apprehensions are not groundless. It would be imprudent to stop the crusta lactea suddenly in the inflammatory stage, even if we could accomplish it; but when the excitement of this period has been removed by suitable internal and external remedies, there is no danger in the use of mild astringents."

The absurd, mischievous and cruel practice of cauterizing ulcers of the cornea we are glad to find condemned by the author:

"The notion that ulcers of the cornea require the use of lunar caustic has prevailed generally, and led to injurious practice. In the inflamed and spreading state of the sore, such treatment would be most mischievous: when the process of repair is going on properly, it is, at the least, unnecessary."

The important and interesting subject of cataract is very fully treated. We are disposed to think very favorably of the operation for absorption by the corneal puncture.

In regard to the operation for strabismus we agree entirely with the following remarks of the editor:

"In cases, however, judiciously selected, and when the operation is skillfully performed, entirely satisfactory success has been attained, and this operation must now be considered as an established surgical means for the relief of certain forms of strabismus. Mr. Walton, in his recent work, expresses a similar opinion. He states that this operation is a singularly successful one, 'equaling in its permanent effects that of any other operation, and surpassing most of those which are practiced for the removal of deformity.'"

"A relapse has never occurred in our practice, and Mr. Walton makes the same statement. We have little doubt but that in the supposed relapses the muscle had never been thoroughly divided, and the operation therefore incomplete. Thirteen years have now elapsed since our first operation, and we believe the first in this country, was performed, (23d of August 1840,) and the cure has continued permanent; and this is also true, so far as we can ascertain, in regard to all the cases in which we have operated."

Our own experience in about forty cases enables us to speak with some confidence on this subject, and in no one of our cases have we witnessed a relapse. The first, operated on

Nov'r 1840, may now be seen in the city of Richmond. She had double convergent strabismus, for which both eyes were consecutively operated on; and we would defy the closest inspection to detect any evidence of the deformity at the present time. According to our experience, those who decry the operation have either performed it incompletely, or have not performed it at all.

Walton, certainly no mean authority, makes the following pertinent remarks: "A long and familiar acquaintance with the subject has convinced me, that to the operator is to be attributed the odium of failure in most of the unsuccessful cases occurring in early life. I have myself operated a second time on cases that have passed under the hands of other surgeons; in all I have succeeded—the second attempt being undertaken in each instance on account of the abducting power being defective.

Over and over I have seen patients that have been operated on dismissed under the supposition that it was impossible to put their eyes right, when I have been certain that the internal rectus muscle had not been divided. That there is a greater liability to take up a portion only of the muscle than is supposed, any one may convince himself by operating on the dead subject, when he will find that, unless there be great precision, this error will be apt to occur. A partial separation will frequently lessen the squint; but for its entire removal not a portion of the muscle must remain undivided; and to this I know of no exception. After the muscle has been divided, the patient has not the power to adduct the eye in concert with the other."

In our last number we copied the description of the new ophthalmoscope from the addendum to the volume before us. We have thus completed our very imperfect notice of this valuable work. We commend it especially to our country brethren, who have not the same opportunity of devoting themselves to specialties enjoyed by the city practitioner. They will find it a library of ophthalmic medicine in one volume. B.

Georgia Blister and Critic.

We have received the first number of this new journal, published by Dr. H. A. Ramsay of Atlanta, Georgia. The title looks rather queer; at the same time it is certainly as medical as our own. If it be designed to cure moral maladies by *counter irritation*, we greatly doubt the success of the treatment. We have a greater fancy for a poultice or the scalpel.

We approve the editor's reply to the following pertinent query: "CAN A PHYSICIAN HOLD A PROFESSORSHIP IN A MEDICAL COLLEGE AND BE A RETAILER OF PATENT MEDICINE? Answer. We think not. A retailer of patent medicine could not sit in a faculty with us." The national code of ethics expresses no doubtful sentiment on this point, and the higher the office such an individual may hold, the more severe and certain should be his condemnation. B.

The Prescriber's Pharmacopœia, containing all the Medicines in the London Pharmacopœia, arranged in classes according to their action, composition, doses, &c. By a Practicing Physician—*with additions and alterations to correspond with the United States Dispensatory.* By THOMAS F. COCKE, M. D.

From Harold & Murray.

This is a convenient little book of reference for those just entering the practice of medicine who have not the exact doses, &c. fixed by daily use in their minds, as it has a great deal in regard to each medicine condensed in a few words, and a great deal that is valuable in regard to formulæ, diet, &c.

LIST OF PHYSICIANS IN VIRGINIA.

Members of the Medical Society and others will confer a favor, by making accurate lists of physicians practicing in their neighborhoods and sending them to the subscriber. The next annual meeting of the society will be a very convenient occasion for sending them to Richmond.

JAMES BOLTON,
Treas'r of the Medical Soc'y of Va.

ANNUAL MEETING OF THE MEDICAL SOCIETY OF VIRGINIA.

The thirty-first annual meeting of the Medical Society of Virginia will be convened in the society's hall, in the city of Richmond, on Tuesday, April 4, 1854.

P. CLAIBORNE GOOCH,
Secretary.

Meteorological Tables for Richmond, Virginia---By D. Turner, Principal of Classical School.

Hours of Observation, 6 *A. M.*, 2 *P. M.*, 10 *P. M.*

Month.	Year.	BAROMETER, (172 feet above low tide in James river.) Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Day of maximum.	Minimum.	Day of min.	Range.	FORCE OF VAPOR. MILLIMETRES. Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Minimum.	RELATIVE HUMIDITY. SATURATION—100. Mean.	6 A. M.	2 P. M.	10 P. M.	Minimum.	Saturations.	Fogs.	Lun. halos.	Sol. halos.	Aurora borealis.
January,	1851,	30 011	30.00	29.997	30.037	30.721	31	29.279	29	1.442	—	—	—	—	—	—	—	—	—	—	—	—	3	0	0	0
"	1852,	29.849	29.867	29.823	29.856	30.476	20	29.020	6	1 456	—	—	—	—	—	—	—	—	—	—	—	—	0	0	0	0
"	1853,	29.908	29 912	29.889	29.925	30 633	28	28 898	24	1.735	4.5	4.3	4.7	4.4	10.2	1 2	76	88	60	80	30	8	3	0	0	0
"	1854,	30.010	30.025	29.968	30.020	30.490	23	29.231	12	1.259	7.4	7.1	7.6	7.9	12 4	3.3	84	91	74	86	45	14	1	1	0	0
	Means.	29.944	29.951	29.919	29.959	30 580	—	29.107	—	1.473	5.9	5.7	6.2	6.1	11.3	2.2	80	89	67	83	37	11	2	¼	0	0

Month.	Year.	THERMOMETER. Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Day of maximum.	Minimum.	Day of minimum.	Range.	At 32° or below.	At 70° or above.	Temp. of hyd. water.	WINDS. OBSERVATIONS. N.	NE.	E.	SE.	S.	SW.	W.	NW.	No wind.	Strong winds.	High winds.	Gales.	CLOUDINESS. From 0 to 10. Mean.	6 A. M.	2 P. M.	10 P. M.	WEATHER. Clear days.	Cloudy days.	Variable.	Rainy days.	Th. showers.	Inches of rain and melted snow.	Inches of snow.
January,	1851,	43 9	38.0	51.5	42 2	70	26	10	31	60	10	1	—	2	2	3	13	28	2	4	31	0	0	0	3 7	4 2	3.8	3.3	6	2	23	4	0	0 430	0 00
"	1852,	34 8	28 4	43 1	33.0	64	29	2	20	62	21	0	—	14	6	1	3	13	18	7	25	6	3	0	0	3.6	3.5	4 0	3.4	10	3	18	7	0	3.630	3.11
"	1853,	36 4	30 8	44.1	34.3	60	8	13	27	47	20	0	—	7	12	2	4	11	32	5	17	3	3	1	0	4.5	5 2	5.3	3 2	7	3	21	13	1	4 610	7.25
"	1854,	39.2	34 4	45.1	38 3	70	16	17	24	53	17	½	—	8	8	1	3	11	29	5	15	13	2	¼	0	3 9	4 2	4 3	3 4	7	3	21	7	½	2 445	3.13
	Means,	38 6	32 9	45.9	36.9	66	—	11	—	55	17	½	—																							

METEOROLOGY—*January* 1854.

Snow storm on the 1st, 5.25 inches, snow (.44 inch water) began (wind SW.) at 10 P. M. on the preceding night, ended (wind N.) about 3 A. M. But little depression of the mercury. Thermometer 31° at 6 A. M.

Rain on the 5th and 6th, 1.10, began (wind S.) at 9½ P. M. on the 5th, ended (wind S.) about 3 A. M. on the 6th, followed by strong wind from the SW., W. and NW.

Snow on the 7th and 8th, 2 inches snow, (.21 inch water) began (wind NE.) at 10 P. M. on the 7th, ended (wind N.) 5 A. M. on the 8th. Thermometer 26° at 6 A. M. on the 8th.

Rain on the 11th and 12th, 1.47 inch, began (wind NE.) 5 A. M. on the 11th, ended (wind strong S.) 1 P. M. on the 12th. Barometer 29.231, 2 P. M. on the 12th. This rain was followed by strong wind from SW.

Rain on the 17th, .41 inch, began (wind NE.) 7 A. M., ended 1 P. M.

Rain on the 19th, 20th, 21st, .55, began (wind NE.) 11 A. M. on the 19th, ended (wind strong SW.) 7 A. M. on the 21st, followed by high wind from SW. Thermometer changed from 62° 6 A. M. on the 21st to 20° 6 A. M. on the 22d. The barometer changed from 29.491 inches to 30.367 during the same time. Some fog during this rain.

Rain on the 26th and 27th, 1.32 inch, began (wind S.) about 3 A. M. on the 26th, ended (wind NE.) 10 A. M. on the 27th.

It has been a rainy month. Some sudden changes of temperature.

TO APOTHECARIES, MANUFACTURERS OF SURGICAL INSTRUMENTS, ETC.

The Medical Society of Virginia will hold its annual meeting on the 4th of April next, at the society's hall in Richmond, Virginia. It is proposed to hold a fair of surgical and philosophical instruments, pharmaceutical preparations, &c. All who may wish to exhibit articles on that occasion, will please send them to Richmond, to the care of the chairman of the committee, Dr. Bolton, or deliver them at the society's hall, on Main street, over Alexander Duval's apothecary store, on or before the 1st of April next.

James Bolton, M. D.
W. W. Parker, M. D.
W. B. Pleasants, M. D.
Jno. P. Little, M. D.
Nath'l F. Rives, M. D.
Committee.

☞ We call the attention of our readers to the highly interesting debate in the Medico-Chirurgical Society of Richmond in regard to the internal administration of chloroform.

Medico-Chirurgical Society of Richmond---First March Meeting.

The society met on the 6th instant, in the hall of the Medical Society of Virginia. Present—Drs. R. G. Cabell, A. Snead, James Bolton, G. A. Wilson, Thos. Johnson, P. C. Gooch, James McCaw, J. P. Little, G. A. Otis, J. A. Cunningham.

Dr. Cunningham *in the Chair.*

The regular business being voluntary communications, Dr. Snead related the following very remarkable cases:

I. Called last year at 9 P. M., to visit a gentleman in intense agony; had been on duty as fireman and extremely fatigued; evidently suffering from severe colic; gave opium in large quantities, 200 drops of laudanum and 2 or 3 grains opium with camphor, calomel, &c., without relief; in my opinion there was spasm of the intestinal canal; gave chloroform half teaspoonful in water; in a few minutes gave a teaspoonful more, and in 30 seconds the patient was asleep; he continued relieved during the half hour I remained with him; next morning found him as well as usual; learned that he had awakened in two hours and then used a small quantity of laudanum.

II. Called to see a negro man at night, suffering from colic, with diarrhœa and spasm of the legs; gave a pill of morphine and calomel with a teaspoonful of chloroform: he was relieved in ten minutes and slept two hours.

III. Called at night, to see a negro who had been suffering from colic the whole afternoon, with vomiting, purging, cramps of abdomen and legs; gave Dover's powder 10 or 15 grains, then a teaspoonful of paregoric; he had already taken calomel 15 grs., with morphiæ sulph. ½ gr.: as he was not relieved and the symptoms urgent, I gave half a teaspoonful of chloroform, and in ten or fifteen minutes half teaspoonful more, after which he vomited. So soon as his stomach became quiet I gave a teaspoonful more; in ten minutes he was asleep and got well without further treatment.

IV. Was one of lead colic in a house painter; found him suffering from excessively irritable stomach; had had no evacuation, and could retain no medicine upon his stomach; after suffering three days without relief, I gave a teaspoonful of chloroform, which put him to sleep in fifteen minutes; his stomach was quieted so that a purgative was retained, and he

was relieved. I believe that but for the chloroform he would have died.

V. A stout athletic negro; suffering from violent spasmodic pain with vomiting; no evacuation from Saturday until Monday; stercoraceous vomiting; patient's countenance presenting a very bad appearance; I feared there was intussusception; felt a hard tumor in the abdomen with tenderness; gave calomel grs. xx; croton oil gtt. iv; used powerful emena which merely unloaded the lower bowel; followed by three or four evacuations, but they did not indicate relief of the whole tract; gave a teaspoonful of chloroform; he was asleep in four minutes, and slept two minutes; gave another teaspoonful, which produced sleep in four minutes; in twenty minutes he expelled flatus; next morning he showed the action of calomel; eventually he recovered; suffered very little pain after taking the chloroform.

Dr. Gooch. The doctor has stated a very interesting fact, viz: the uniform effect of chloroform when administered internally in producing sleep.

Dr. Snead. I wish to relate another case, that of a young lady who suffered intensely from toothache; the tooth was extracted, but she then suffered from nervousness, pain and looseness of the bowels; gave her a teaspoonful of chloroform; she was relieved but became cataleptic. This passed off and she recovered.

Dr. Gooch had given chloroform in several cases of colic, especially with flatulence, but never found it to produce sleep so quickly; attended a young man who had eaten a large quantity of chinquapins and fox-grapes; seized with violent colic; while the messenger was gone for medicine, gave chloroform by inhalation; it produced vomiting, as it usually does when inhaled on a full stomach; the patient was so entirely relieved as not to require the emetic sent for. I have given it internally in mucilage to the extent of three teaspoonsful.

Dr. Little had given chloroform internally, combined with a narcotic, and ascribed the effect to the latter; referred to Hartshorne's article on the subject, the February No. of Key's Journal.

Dr. Cunningham asked if its internal use was followed by irritation of the mucous lining of the stomach?

Dr. Snead. No; the patient always went to sleep in five minutes at the farthest.

Dr. Johnson. Chloroform is one of the greatest discoveries of the present age. He related the following cases:

I. Gave ℥ i to a lady for a violent colic, and she was asleep

in less than one minute, although she had been suffering pain all night. During this sleep she discharged flatus freely, and had a large bilious evacuation unconsciously. She was perfectly relieved, without the use of any other remedy.

II. Last night called to see a case of colic from over eating. Gave a salt and water emetic without relief. Then gave chloroform ℥ i internally, and the patient was asleep in thirty seconds. In a few minutes an immense discharge of flatus occurred, and the patient was entirely relieved. Believes it worth all other remedies put together.

Dr. Bolton had given chloroform internally but rarely uncombined. He frequently gave it with camphor, according to the formula of Smith of Edinburgh, viz: ℞ Chloroform ℥ i, camphor ℥ iii, and ft. solut. From 10 to 15 drops of this gave very prompt relief. At the close of the cholera season many cases of violent colic occurred, in which he gave this remedy with remarkable success.

Dr. Wilson asked if the effects of the internal administration were similar to those from inhalation.

Dr. Snead considered them different. Certainly there was less risk in the former than in the latter, since it did not interfere with the due supply of oxygen to the lungs.

Dr. Little remarked that Dr. Steadman had given it by inhalation to lunatics who refused food. He did not know that food could be swallowed in the state of anæsthesia.

Dr. Bolton had anæsthetized a patient in mania a potu, in order to render her manageable. He then bled and administered medicine, which was readily swallowed, although it had previously been obstinately refused.

Dr. Parker was reminded that a patient of his had food and medicine administered during anæsthesia—a patient suffering from lock-jaw.

Dr. Johnson believed chloroform the very best remedy in mania a potu: recollects a case in which he gave 32 grains of morphine without excessive narcotism. This was before the discovery of chloroform.

Dr. Parker believed, if he had ever saved life during the practice of his profession, it was by the use of chloroform. It was in a case of mania following pneumonia. He believed the patient would have died in the paroxysms if they had not been quieted by chloroform.

Dr. Snead asked if members thought the case he had related was one of intussusception.

Dr. Johnson had opened many bodies in which intussusception had been diagnosed, without ever finding it. Does not believe it to be a disease. Readily conceives that a por-

tion of the intestine may be invaginated and secured by adhesions.

Dr. Wilson wished to know how it could act upon the bowels and not upon the uterus. He regarded it still as a dangerous remedy.

Dr. Th. Johnson replied that Simpson has explained it by showing that chloroform has no effect on the lower nerves of the spinal column, from which the uterus is supplied.

Dr. Otis remarked that chloroform will retard and even annihilate labor pains.

Dr. Bolton was satisfied that this agent will arrest labor pains, especially before the uterus had expelled any part of its contents. Had used it to quiet rapid feeble pains, and thus succeeded in making the intervals longer, giving the uterus rest, and rendering the pains stronger when they did occur.

Dr. Parker was satisfied that it will suspend labor pains. He had seen cases in which the circulation and respiration were suspended. He uses it more cautiously than formerly. It was impossible to lay down any rule as to the dose. He gave enough to produce the desired effect, without much regard to quantity, as in the use of other remedies.

Dr. Bolton replied to enquiry, whether an increased dose was required by one accustomed to its use, that Johnson, whose case was related at length in his report on chloroform, did not require a larger quantity than he did at first.

Dr. Otis remarked that it was the opinion of Flourens that poisons, acting upon the whole system, did not require to be increased.

Dr. Snead enquired if members had observed that the temperature of a paralyzed side were altered.

Dr. Parker. Yes, I have observed it to be considerably diminished.

Dr. Cunningham had observed it to be increased as well as diminished. He had noticed an unusual number of cases within the last three months.

Dr. Snead. It was increased in a case recently under my care.

Dr. McCaw recurred to the subject of chloroform, and asked if it had not been noticed that we stop at a point where the nerves are obtunded and the faculties unimpaired. He witnessed such an instance in the case of a lady whom he had anæsthetized for the purpose of having several teeth extracted. She recovered her intelligence, and requested that a certain tooth should be extracted, and yet when it was drawn she did not feel it. The first effects, then, are upon

the nerves of sensation, and then upon the cerebrum. This accounts for the contrariety of opinions about the effects of chloroform.

Dr. Gooch stated there was no doubt this is the law, but it could not be made available in practice. The patient would quickly fall from this balance into one state or the other, either of more profound anæsthesia or wakefulness. He had taken it in Edinburgh—probably the first who ever took it there—and was precisely in that condition.

Dr. Bolton had frequently observed this condition.

After a few additional remarks by members, the society adjourned.

Medical College of Virginia.

The board of visitors of the Medical College of Virginia met on Thursday, 16th. Present—J. M. Patton, Thos. Wallace, James Lyons, Dr. F. T. Stribling, Dr. R. H. Cabell, Hunter H. Marshall, Dr. Levin S. Joynes, Dr. Beverley R. Wellford, William H. Macfarland and Dr. George L. Nicholson.

Mr. John M. Patton was appointed president of the board, and Dr. Theodorick P. Mayo, secretary.

Dr. R. L. Bohannan was elected professor of obstetrics, &c.

Dr. D. H. Tucker, professor of theory and practice of medicine.

Dr. Martin P. Scott, professor of chemistry and pharmacy.

Dr. Chas. Bell Gibson, professor of surgery and surgical anatomy.

Dr. Carter P. Johnson, professor of general and special anatomy.

The chairs of materia medica and therapeutics and institutes of medicine and medical jurisprudence will be filled on the 25th day of May next.

At the commencement the following graduates were presented with certificates of graduation, until the new diploma could be gotten ready:

Graduates of Session 1853–54.

Virginia.—R. A. Belfield, Richmond; James J. Brumley, Washington; George W. Cannady, Floyd; George W. Caulfield, Richmond city; Samuel D. Drewry, Chesterfield; Thomas W. Finney, Culpeper; Edwin D. Gibson, Culpeper;

Thomas F. Goolsby, Albemarle; John C. Grayson, Culpeper; Charles W. Hume, Orange; Branch L. Jordan, Lynchburg; William F. Noel, Louisa; William S. Robertson, Pittsylvania; John L. Scott, Dinwiddie; J. Moss Smith, Henry; David S. Watson, Richmond city; John H. Wayt, Richmond city; Fleming White, Hanover; John B. Wiley, Amelia; John W. Winfree, Chesterfield.

Missouri.—Luther H. Perkins, Howard county.

President Patton addressed the class, and professor Tucker delivered the valedictory.

The summer course of lectures will commence on the 1st of April, and continue until the 1st of September.

LIST OF EXCHANGES FOR MARCH.

British and Foreign Medico-Chirurgical Review.
Dublin Medical Press.
Boston Medical and Surgical Journal.
New Hampshire Journal of Medicine.
American Lancet.
New York Journal of Medicine.
New York Medical Times.
Scalpel.
New York Journal of Pharmacy.
American Medical Monthly.
Philadelphia Medical and Surgical Journal.
American Journal of Pharmacy.
Southern Medical and Surgical Journal.
New Orleans Medical News and Hospital Gazette.
Western Lancet.
Northwestern Medical and Surgical Journal.
Peninsular Journal of Medicine.
Buffalo Medical Journal.
Charleston Medical Journal.
Ohio Medical and Surgical Journal.
Nashville Journal of Medicine and Surgery.
New Jersey Medical Reporter.
Georgia Blister and Critic.
Southern Literary Messenger.

BOOKS, ECT. RECEIVED.

Transactions of the American Medical Association.

Vidal on Venereal; from the publishers.

La Roche on Pneumonia and Malaria; from the publishers, through A. Morris.

Carpenter on Alcoholic Liquors; from the publishers, through A. Morris.

Professional Letters from Europe, by Paul Eve, M. D.

OBITUARY.

From the Penny Post of January 30, 1854.

This community, in which he had so long resided, was painfully affected on Saturday, by the intelligence that Dr. Lewis W. Chamberlayne was no more. He breathed his last at his residence in Henrico on the day before, after a short illness, the consummation of several years of ill health.

Of the talents of Dr. Chamberlayne it is not our intention to say more than that they were bright and useful. To his professional skill no higher testimony can be borne than the voice of his professional brethren. It is of the qualities of his heart that we delight to speak. A nobler gentleman or a truer man never breathed. There was a manly frankness in his character which it was scarcely possible not to discover on the most casual acquaintance, and which it was altogether impossible not to respect after the closest intimacy. Truth, sincerity, honor, breathed throughout his deportment, and governed every action of his life. Respecting, as every man of sense necessarily must, the opinion of the world, he never permitted it to disturb, in the slightest degree, the convictions of his own clear and unbiased judgment. He was, indeed, the most self-reliant man in the formation of his opinions whose conduct ever came under our observation. Withal, his temper was so sanguine that he never gave way to despair, nor even to despondency, under the most trying circumstances. Prompt, decided, the farthest possible removed from that description of persons who are friends in prosperity, but anything else in adversity, he made the cause of those for whom he professed regard, his own. There was no length to which he would not go for a friend, and he never professed friendship

when he did not feel it. We regard his death as a great loss to this community—to us, individually, it is nearly irreparable. We had great confidence in his judgment, and, on occasions of difficulty, we have never known him to fail us. It was impossible not to be cheered, no matter how depressed we might be, under the influence of his manly sense and buoyant spirits. He has left to a large family a legacy of unutterable grief for his loss, and of just pride in the name which he has transmitted, bright and untarnished, to their keeping.

Felt Splints.

BY FRANK H. HAMILTON, M. D.

Dear Doctor—Some years ago, I think in 1845, felt splints were brought to me by an agent of the manufacturer. The felt was sold in sheets, and also in pieces, modeled so as to be readily adapted to the form of the limbs. In some respects it was superior to gutta percha, and I am inclined to think on the whole it was the best splint ever used. I cannot learn that these splints are now manufactured in any part of the United States, and I will therefore enclose you the recipe for making them, which was kindly given me by the agent, and which I have frequently used myself.

Felt Splints.

Dissolve three pounds of gum shellac in two quarts of alcohol. It should be dissolved in a tin vessel, furnished with a tight cover to prevent evaporation. Spread a piece of old or new woolen cloth on a board, and with a clean brush saturate both sides of the cloth with the solution. Hang it up until it is thoroughly dried. Lay it again upon the board and apply a second coat of the solution to one side only of the cloth. Dry again, and apply a third coat to the same side. There will now be three successive layers upon one side and one on the opposite. While the last coat is yet fresh, fold the cloth so that the side having three coats shall be applied to itself. Now with a hot flat-iron smooth and press the surfaces together. When it is cold, a slight rubbing with sand-paper makes it fit for use.

It becomes a firm, almost unyielding board, but exposure to a moderate heat will make it pliant, so that it can easily and accurately be adapted to any surface.—*Buffalo Med. Jour.*

Wittke, of Erfurt, recommends a new and very *useful form of powder*. Tinctures, as is well known, generally possess the most active properties of the drugs from which they are prepared, but the amount of spirit which they contain often renders their employment inadvisable. Wittke, therefore, mixes tincture of hellebore, of cinchona, &c., with an equal quantity of sugar, evaporates to dryness, and powders the residuum. In this manner he succeeds in concentrating, in a very small bulk, the active portion of a very large quantity of the drug, and he prescribes the powder as saccharized cinchona, &c. These preparations bear some analogy to conserves, over which, however, they have a great advantage in being free from mucilage, vegetable albumen, and other inert matters.—*Dub. Quart. Jour. Med. Sc.*

According to Dr. Guy, the *duration of life* is greater *among physicians and surgeons* than among the general practitioners of medicine and surgery. 2. That this great longevity of the former is only in part explained by a less amount of exposure to contagious diseases and other professional risks. 3. That the duration of life of members of the medical profession (being chiefly physicians and surgeons) does not differ materially from the duration of life of the clergy. 4. That the duration of life of medical men has somewhat increased during the last three centuries.—*Athenæum.*

☞ The above was taken from the Medical News and Library. The editor will confer a favor by explaining, in his next number, the first sentence.

Dr. Sutherland, one of the graveyard inspectors to the home office, has been seriously indisposed from *inhaling poisonous gas*, the escape from decaying corpses in a graveyard that he inspected. He is, however, now recovering. Dr. Walter Lewis is ill from the same cause.

Monthly Journ. Med. Science.

Meteorological Tables for Richmond, Virginia---By D. Turner, Principal of Classical School.

Hours of Observation, 6 *A. M.*, 2 *P. M.*, 10 *P. M.*

Month.	Year.	BAROMETER, (172 feet above low tide in James river.)									FORCE OF VAPOR. Millimetres.						RELATIVE HUMIDITY. Saturation—100.						Fogs.	Lun. halos.	Sol. halos.	Aurora borealis.	Temp. of winter seasons.
		Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Day of maximum.	Minimum.	Day of min.	Range.	Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Minimum.	Mean.	6 A. M.	2 P. M.	10 P. M.	Minimum.	Saturations.					
February,	1851,	30.113	30.128	30. 93	30.120	30.795	1	29.651	4	1.144	–	–	–	–	–	–	–	–	–	–	–	–	0	1	0	0	45.8
"	1852,	29.835	29.851	29.806	29.847	30.539	20	29.180	25	1.359	–	–	–	–	–	–	–	–	–	–	–	–	0	1	0	0	38.2
"	1853,	29.838	29.856	29.814	29.844	30 254	15	29.105	23	1.149	5.9	5.3	6.2	6.0	14.4	2.2	77	87	61	82	24	4	1	1	0	0	41.3
"	1854,	29.942	29.964	29.917	29.953	30.442	28	29.412	20	1.030	6.9	6.3	7.5	6.8	13.0	2.6	76	85	64	79	33	7	0	2	0	0	40.1
	Means.	29.932	29.950	29.907	29.941	30.508	–	29.337	–	1.171	6.4	5.8	6.8	6.4	13.7	2.4	77	86	63	80	28	5	¼	1¼	0	¼	41.3

Month.	Year.	THERMOMETER.											Temp. of hyd. water.	WINDS. Observations.									Strong winds.	High winds.	Gales.	CLOUDINESS. From 0 to 10.				WEATHER.				Inches of rain and melted snow.	Inches of snow.
		Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Day of maximum.	Minimum.	Day of minimum.	Range.	At 32° or below.	At 70° or above.		N.	NE.	E.	SE.	S.	SW.	W.	NW.	No wind.				Mean.	6 A. M.	2 P. M.	10 P. M.	Clear days.	Cloudy days.	Variable.	Rainy days.	Th. showers.	
February,	1851,	49 2	42.7	57.8	47 2	77	24	13	1	64	6	5	–	8	10	1	8	11	23	3	12	8	2	0	0	4 3	4 8	5 0	3.3	4	4	20	8	2	3.620	0 00
"	1852,	43 2	36 8	52 0	40.7	73	25	22	15	51	13	1	–	1	9	1	2	13	35	4	18	4	1	0	0	5 2	5.6	5 2	4.9	2	2	25	9	1	1.495	0 01
"	1853,	42 9	36 7	51.0	40.9	69	5	16	20	53	11	0	–	6	3	2	4	16	21	6	20	6	3	1	0	5.0	5 4	5 3	4.2	3	5	20	9	1	4.990	4.00
"	1854,	42.6	36 1	50 4	41 4	69	2	24	4	45	13	0	46	7	5	3	3	11	25	6	21	3	5	1	0	3.9	4 5	4 3	2 9	7	3	18	9	0	4.656	2.25
	Means.	44.5	38.1	52 8	42.6	72	–	19	–	53	11	½	–	5	7	2	4	13	26	5	18	5	3	½	0	4.6	5.1	4 9	3.8	4	3½	21	9	1	3.690	1.57

METEOROLOGY—*February* 1854.

Snow storm on the 3*d*, 1.50 inch, snow (.15 inch water) began (wind NW.) about 3 A. M., ended (wind NW.) 11 A. M., when it became clear, with strong wind from NW.

Rain on the 7*th and* 8*th*, .85 inch, began (wind E.) 9½ P. M. on the 7th, ended (wind S) 9 P. M. on the 8th, followed by wind from SW. and W. Barometer at 29.396 at the end of the rain.

Slight shower on 13*th*, .04 inch from SW.

Rain ending in ½ inch snow on the 15*th and* 16*th*, .78 inch, began (wind NE.) 10 P. M. on the 15th, ended (wind NW.) 2 P. M. on the 16th, followed by a fresh wind from NW. and considerable rise of the mercury.

Rain ending in ¼ inch snow on the 20*th and* 21*st*, 1.18 inch, began (wind E. changing to NE.) 7½ A. M. on the 20th, ended (wind N.) 6 A. M. on the 21st, followed by strong wind from N. and NW. Barometer 29.410 at 6 A. M. on the 20th.

Heavy rain on the 25*th and* 26*th*, 1 65 inch, began (wind S.) 7 P. M. on the 25th, ended 1 P. M. on the 26th. The wind during the storm was quite strong from the S. At 11½ A. M. on the 26th the wind changed to SW. and a heavy shower passed over from that quarter, attended with quite a gale. Mercury lowest 2 P. M., 29.441; thermometer at the same time 58; equilibrium restored by wind from W. and NW. There was a freshet in the James river, though the water did not rise as high by nearly five feet as it did in 1847, and was about two feet lower than on the 20th April 1852.

Note.—The force of vapor and relative humidity during the winter months have been found, for the most part, only for those days upon which the thermometer was at or above freezing point. The mean for these days cannot be regarded as the true mean of all the days in the month.

TO THE MEDICAL MEN OF VIRGINIA.

The Medical Society of Virginia having made ample preparation for the permanent establishment in the city of Richmond of a library, pathological museum and herbarium, the subscriber, as librarian and curator, respectfully solicits contributions to the library, museum and herbarium, from members of the society, the profession and others favorably disposed towards scientific pursuits in the state. Copies of medical and other scientific works from authors and publishers elsewhere will be duly acknowledged and thankfully received.

Articles so destined can be sent to the office of the undersigned, S. E. corner of Marshall and 7th streets, or left at the hall of the society on 12th street, between Main and Cary streets, over Alexander Duval's drug store.

PETERFIELD TRENT, M. D.

Feb. 1854.



James M.ᶜ Clurg M. D.

Lith. of Ritchies & Dunnavant Richmond Va.

THE

STETHOSCOPE.

THE PROPERTY AND ORGAN OF THE

MEDICAL SOCIETY OF VIRGINIA.

Edited by a Committee of the Society.

VOL. IV. RICHMOND, VA., MAY 1854. NO. V.

Original Views of the Nature and Varieties of Intermittent Fever, developed with the design of more correctly establishing the General Principles of its Treatment---Being a Prize Essay.

BY J. F. PEEBLES, M. D., OF PETERSBURG, VA.

"Before the curing of a strong disease,
Even in the instant of repair and health,
The fit is strongest; evils that take leave,
On their departure, most of all show evil."
Shaks. (King John.)

Nature and Classification.

Intermittent fever presents itself to the practitioner under different guises, and in various forms; still the disease can be traced in every case to the action of the same morbific agent on the system. This diversity is the result of general laws governing the action of malaria upon the constitution, which it shall be our purpose in these initiatory remarks to endeavor to elucidate. We believe if we can succeed in making them plain, that we shall furnish a key to the history of the disease—a method of analysis which will be sufficient to expose the connecting links between its varied phenomena, as manifested in different cases; and furthermore, a classification of its dif-

ferent forms, which will be natural and more illustrative than any which has hitherto been employed. Intermittent fever can always be traced to a certain origin. If we encounter a man flushed, delirious, with high arterial reaction, and learn at the same time that he has been indulging in ardent spirits, we need no more to pronounce upon the symptoms which are exhibited. The cause is at once suggestive of the character of the effects which it induces. The same thing is true of the symptoms of the disease under consideration. As in the case of the drunkard, we know that the individual having ague has imbibed, by an exposure to its influence, the malarial poison. From time to time, in opposition to this long received view of its origin, other theories have been advanced, denying that any other than causes in universal operation in the production of disease, as cold, atmospheric changes, diurnal alterations of temperature, due to the physical influences of the earth's surface in particular localities, &c. are engaged in its production. But the old doctrine has not only maintained its ground, but it has also continued to receive farther strength from every advance which modern research has made in our knowledge of the laws regulating the origin as well as the phenomena of disease. From what we have learned of other morbid actions, arising from effects of specific agents, it is rendered pretty clear that a series of constitutional disorders, so fixed and definite, so regular and determined, in every case must arise always from one invariable cause, and this cause medical opinion has been long steadily settling into the belief is a specific poison, generated in certain localities. The nature of this poison it is true has not been made out, still it cannot be denied that it is a positive agent, which, either directly by its presence, or indirectly through a series of catalytic or other changes arising from its contact, sets up the phenomena of the disease. It will be hardly necessary for us to stop to argue that it is through the blood that the ague poison works. That fluid, it is too well known now, besides being the means of transit of all nutriment furnished to the tissues, is also the grand channel for the removal from the organism of all waste matter, and every other substance imbibed which cannot be used.

Having traced the disease to the operation of a poison acting through the blood, we have established a starting point from which to advance in the study of its nature. This simple view of its origin serves not only to point out their cause, but the design of the symptoms which arise from its impression. The organism reacts under the impression of any agent antagonistic to its integrity, just as reactions occur from disturb-

ing causes in chemical combustions. To illustrate our meaning more clearly, we will recur again to the effects of alcohol upon the system. That fluid belongs to the simplest class of blood poisons, and when it is imbibed, as we have seen, certain reactionary movements aris Now the phenomena of intermittent fever constitute but similar reactions against *its* peculiar poison. In both cases a foreign substance is present, inimical to healthy action, but not directly destructive as some poisons are, and the vital forces are excited to a resistance againsts its effects. Reactionary movements, therefore, become established in the whole organism. Now, what is the result of these movements? In the case of alcohol this is perfectly plain, the elimination of the poison from the system is their direct consequence. The very morbid state which the poison creates is the means of restoration. The alcohol itself becomes burnt off in the lungs; the effects which its presence induce pass off through the excretions. It is obvious therefore that the greater the reaction, the more rapid the circulation, the more hurried the respiration, the more the secretions and excretions are promoted, all the direct consequences of the alcoholic stimulation, the sooner will its elimination become effected. Now there is an analogy with all this in the effects of the malarial poison, and we cannot resist the conclusion that, like the effect of alcohol, the phenomena of intermittent fever are normal reactionary movements of the organism excited by that poison, and, furthermore, that they are designed for the same purpose—the expulsion of the foreign agent and its effects from the system. Indeed, this latter result is sometimes accomplished. The best authorities tell us, as we shall hereafter show, that intermittent fever may spontaneously disappear. That in many cases its duration is limited to a certain number of paroxysms, when it appears to wear itself out; a result which we apprehend could only occur after the perfect elimination of its cause and the effects likewise of that cause had been effected and that too in the way above described. It may be objected that an analogy cannot be strictly drawn between the reactions created by the two blood poisons above contrasted. It is true the character of the reactions is very different in the two cases. That from alcohol is a plain straight forward affair, which is complete when it subsides. That from malaria is the reverse; it tends to a repetition, and that too at stated times and for an indefinite period. But that this is no objection to the, view we think can be readily shown. Nature adopts her own mode of freeing the system from foreign noxious agents. We have only to refer to the science of toxicology for an illustration of this fact on

the one hand and what is known regarding the behavior of other morbid poisons on the other. It is well known that the most virulent poisons, when not in fatal doses, are not only susceptible of complete elimination from the system, but also that the greatest diversity exists with regard to the process employed for this purpose. Each substance seems endowed with the power to select for itself a mode and a channel of transit. Copper, for example, is eliminated through the liver and the lungs; mercury and iodine through the glandular system; lead is simply passed beyond the current of the circulation, to be deposited out of reach of the active forces into the muscular tissues, and alcohol, before referred to, is burnt off in the lungs. The same variety appertains in regard to the behavior of the vital forces towards the poison of disease. Take the whole class of zincotic affections, and it will be found that each one of the species has its own peculiar series of reactions which constitute its mode of expending the power of its peculiar poison, until that is exhausted upon the system. The same directing power which causes the elimination of the typhoid fever poison through the glands of the small intestines—that of dysentery, through those of the larger; that of small-pox, through the skin; of whooping cough, through an irritation of the par vagum—certainly can be allowed to be amply sufficient to make use of the series of paroxysms constituting intermittent fever, for the purpose of removing the malarial poison from the system. Enough has been said, we think, to show that there is strong ground for assuming that the symptoms of intermittent fever constitute but a struggle of the organism against the effects of the malarial poison. If this be so, it becomes obvious that it will be according as this struggle is complete or not, how the disease will manifest itself.

The whole thing then turns upon the capability of the organism to resist the morbid impression and to set up the necessary reactions required to free the system from the poison of the disease. These reactions constitute the disease. When the powers of the organism are adequate to the purpose, and are not perverted by excess of action, it is produced in its most perfect form. It is then characterized by a series of free and open reactions, repeating themselves at intervals, having intervening periods of apparent health characterized by great accuracy in the time of their duration. They are intended, as we have endeavored to show, as efforts to rid the system of the offending cause creating them, and hence they tend to limit the duration of the disease. In this respect, then, ague becomes allied to all those diseases having as their

origin a morbid poison in the blood. When this poison is eliminated, which it is, through the symptoms which it sets up, they all end. It is the same case in intermittent fever. The reason why spontaneous recovery does not more frequently occur in ague, as we shall hereafter show, is, that there are generally established incidental and secondary lesions through the extensive local and general disorders of the system, indicated by its symptoms. These secondary lesions give to the disease its worst characteristics, and prevent the natural resources, by crippling their powers, from working out its cure. But this reaction may not be perfect. The poison of the disease may fall upon a state of body poorly able to sustain its impression; or it may become so concentrated as to prove too powerful for the most robust constitution to withstand. In either case there would not be the proper response, and hence there would not be normal reaction. In such event it is plain that the morbid impression would have full sway; being unresisted, clearly its tendency would be to crush and overpower vital action. Here the disease would not be established; instead of reaction the reverse would appertain, the vital energies would be depressed; tottering under a load, they would neither throw off nor sustain. Obviously this state of things is far more portentous. For reaction from injury, local disease, or a general morbid impression is really a healthy process; its occurrence is but the normal action of the organism. When it does not take place, therefore, it indicates a radical constitutional defect—a serious want of sympathy, which is eminently dangerous. The one is the free bounding of the bark riding the waves in proportion to the velocity of the storm; the other is the stricken and unguided ship, which, being struck on her beam ends, responds to the shock only by an internal and perilous shiver. The former state can be readily remedied; the latter is more difficult to remove. It is the variation in this reactionary power in different individuals which gives so much variety to intermittent fever. All forms of the disease can be accounted for by the application of this simple rule.

From normal or healthy reaction, by which the disease is developed in its open and most perfect manner, it is plain there can be every grade in the struggle down to cases in which the vital energies, as in the case occasionally of other morbid poisons, are crushed and overpowered by the first impression of the morbific agent, and in which no effort towards resistance is made. The connecting link between all phases of the disease becomes apparent when we consider it in this light. The cause of the morbid action is the same in all

cases, but the results of its action vary according to the circumstances of individual constitutions, according as there is power in the organism to resist and set up normal reactionary movements against its impression. Upon this law, then, we found our classification of the disease. Intermittent fever, in all its varieties, may be described under two general heads, the *regular* and the *irregular*. In the regular intermittent, the resisting power of the constitution is perfect. This is indicated by the freedom of the paroxysms and the accurately determined length of the periods of time intervening between them. The morbid actions, whilst they cannot be prevented, are held in abeyance by the integrity of the natural resources, and therefore, this form of the disease is never dangerous except through its concomitants or secondary lesions. It is the one which tends to a spontaneous recovery.

In the irregular intermittent there is the reverse state; the organization is unable to cope with the morbid impression. If the paroxysms are perfect, the apyrexia is uncertain: the waning powers of the organism fail to hold in check the encroaching disease. In the worst cases the enfeebled energies fail to develop the paroxysms and succumb to the disease at its onset. It is meant to include in this class all cases in which deviation takes place either in the duration of the apyrexia or in the development of the paroxysm. Of course, we need not say it is the most dangerous form of the disease. To these two general classes we shall add a third—the complicated intermittent fever. This is meant to include those cases in which the disease, either in its regular or irregular form, appears associated with other affections, as with the phlegmasia or other febrile disorders.

The Regular Intermittent.

But little is required to be said with regard to this very familiar form of the disease. It presents itself in two general varieties, the *acute* and *chronic*. The former appears early in the season when the morbific cause is abundant and active; the latter exists later, when its prevalence is declining and its influence is slight and inactive. The acute form is most liable to be associated with general derangement of the functions, rendering it prone to take on the irregular and dangerous form. The chronic more remotely involves the general system, and seldom is directly dangerous, and rarely becomes irregular. This latter, therefore, furnishes the most perfect type of the regular intermittent. It is generally the result of one or more attacks previously, of the acute form of the dis-

ease, and when purely chronic, it is usually of the quartan type. In common parlance, it constitutes the old fashioned fever and ague. The regular intermittent may have its paroxysms to return daily, or every second day or third day. In other words it may be quotidian, tertian or quartan. Any form of the disease, indeed, which is characterized by regularity in the return of its paroxysms, whatever may be the character of these, is meant to be included under this denomination. In accordance with the views previously unfolded in regard to the general nature of the disease, the longer the interval between the paroxysms, there will be indicated the greater resisting power in the constitution, and, as a consequence, the more harmless will be the attack. The truth of this proposition is sustained by our experience. We have found as a general rule the quotidian a graver type of the disease than the tertian, and that far more so than the quartan. There are, however, many simple cases of quotidian, and we are aware that the tertian is usually viewed with the most dread. But in this latter case it is the double tertian which is even more formidable than the quotidian. The reason of this is obvious. It confirms our views of the nature of the disease, because it approximates more nearly than either the irregular form; it is a departure from the original type which indicates defective resisting power in the constitution. It must be clear that our division of intermittent fever into the regular and irregular class is not absolute. The line of demarcation can be drawn in many cases definitely. There are others, however, in which the two forms are or soon become blended, the regular merging into the irregular class. This very tendency, it is obvious, goes to prove the very great practical value of the law regulating the division. It indicates advancing danger in the case. When a hitherto regular intermittent begins to anticipate the time for the return of its paroxysms, the practitioner should know that the constitutional power is waning, that the efforts of the system are becoming enfeebled, and soon may prove altogether inadequate to the struggle necessary to resist successfully the morbid impression.

The regular intermittent, then, as is familiar to every one, consists of its paroxysm, which is comprised of its cold, hot and sweating stages, its apyrexia, which, according to its type, terminates after so many hours in the return of another fit corresponding with the first. Its duration cannot be correctly estimated. In our climate, if left alone, such serious functional derangements of most of the organs occur after two or more paroxysms, or it may be after the first one, that life is put in

such jeopardy, that active treatment calculated to arrest the paroxysms is demanded. The character of the reaction in the regular intermittent may be excessive, leading of itself to grave results. Old writers speak of the inflammatory or sthenic ague, and such may occur, even where the disease is regular. The tendency, however, is the reverse, and has been so since the first invasion of cholera in this country in 1832.

Of course the above is intended to apply to the acute form of the disease. In the chronic variety it is different. The disease here may last an indefinite length of time. We shall endeavor hereafter to point out the reason of this variation in the habitudes of the acute and chronic varieties of the disease.

That the disease does appear to have a fixed duration, most writers admit. Experiments tried in the French hospitals within recent years prove the point conclusively, and some of the old authors went so far as to fix the duration accurately of the different types of the disease. This fact may be of little practical value. The folly of waiting for such an issue is too apparent to require more than a mere notice; to say nothing of the danger of a fatal result, through a failure of the vital powers in the resistance of the morbid impression of the disease, the certainty of the development of serious secondary disorders should be enough to deter any one from treating this affection by the expectant method. Still it is of great importance in another point of view: it serves to illustrate the true nature of the constitutional disorder produced by the malarious poison, and to disprove a very common idea that the paroxysm is the disease, and that the apyrexia is no part of it. We have elsewhere endeavored to show that there is an object, and end in the perturbations of the organism created by the malarial poison; and therefore, some definite course must be an attribute of the disease.

The form of the disease under consideration is characterized, then, by regularity in the period when its paroxysms return. The term regular intermittent, therefore, must not be understood as meaning that these are in every case of the same character. On the contrary, the greatest diversity prevails in regard not only to the form of the paroxysm, but also with respect to the duration of the different stages of the fit, when this develops itself in the usual way. In one case the cold fit may be brief and indistinct; in another, it may be severe and very protracted. So is it also with the hot stage; this may be unduly lengthened, or very unexpectedly short. Differing from that of the apyrexia, there is no settled rule of correspondence between the different stages of the

ague paroxysm. It may be affirmed, however, as a general rule, that a severe and protracted hot stage is more likely to follow a slight and faintly marked cold one, than the opposite. Severe and protracted rigors are sometimes followed by very little febrile reaction. This point in the history of the disease admits of further investigation. When we come to speak of the pathology of the disease, we shall point out some of the circumstances which appear to control the duration and development of its different stages. But the ague fit need not be developed in any of its stages, and still the regular intermittent will exist.

Practitioners in malarial districts meet with many curious and fantastic ways by which the paroxysm is developed. The same thing is mentioned in the books where we have described the partial ague, brow ague, &c. &c. It is their periodical recurrence which stamps the character and makes plain the nature of those morbid manifestations, and when the return is limited and exact with regard to the interval between them; then whatever may be the form assumed to mark the paroxysms, they clearly come under the denomination and belong to the class of the regular intermittent.

The Irregular Intermittent.

When the powers of the constitution prove inadequate to the struggle created by the impression of the malarial poison, the disease is not developed in the manner described in the last section. Instead, a series of symptoms arise, indicating great perturbation of the vital forces, which may be of varying degrees of intensity. The patient may succumb and perish within a few hours, or the struggle may last as many days. In this latter case the character of this struggle will sometimes be unequivocally indicated. There will be an alternation of hot and cold sensations, imperfect and evanescent, showing that the contest is to throw off the morbid impression in the development of the free and open paroxysm. Incapacity on the part of the vital forces of the individual to resist and react under the impression of the poison of the disease, is therefore the primary cause of the irregular intermittent. Now this incapacity may arise from the force expended, or the perturbations resulting from a previous struggle; hence a regular may soon become an irregular intermittent. In this climate this is generally the way they appear. An individual will have a regular paroxysm, with a complete apyrexia, but the second fit will anticipate by an hour or more the expected time of recurrence. He may go through

this paroxysm in a regular and normal manner, but the third return will be more serious. The fit will appear at the most unexpected moment, and the flagging power will most likely be found altogether unequal to the contest. Now, the exact nature of this defect in the constitution cannot be pointed out. It does not arise from debility alone, for we have seen a perfect specimen of regular tertian appear in an individual in the last stage of phthisis. It appears to arise not so much from want of power in the general organism, but from want of perfect correlation between all the functions. This we think is shown by the next fact in the history of the irregular intermittent, which comes up for notice. It is that an irregular intermittent may be, and often is, induced artificially. Now, how is this accomplished? We can best explain the exact character of the constitutional state which brings about the result, by stating the methods of its induction. A drastic cathartic operating at the time of the paroxysm, in some cases at any stage of the disease, will convert a hitherto regular into an irregular intermittent. The writer has seen fatal consequences produced in this way. The action of emetics, particularly tarter emetic, will do the same thing and it is believed with more certainty. Such imprudent medication is a frequent cause of death in highly malarious districts, which it induces by converting a simple and regular into the dangerous and irregular form of the disease. Indeed, anything likely to perturbate the system, acting about the time of the paroxysm, may induce the same change in the character of the disease. We have known an attack of cholera morbus which could unequivocally be traced to an error in diet, render irregular and malignant an hitherto regular and harmless intermittent. In all this we see the same principle dominant. The neglected cases of the regular may run into the irregular form of the disease. When they do so, it is owing to the same influence which operates when the conversion is induced by improper medication. The powers of the organism in both cases become impaired; they are inadequate to the struggle necessary to develop the regular and harmless form of the disease, and just in proportion to this inadequacy will be the danger of the attack. But an intermittent may be irregular from its onset. This generally indicates a highly concentrated state of the malarial poison. This is shown by the fact that many cases of similar character are apt to occur at the same time in the same neighborhood. A high degree of malignancy will characterize all attacks arising from an exposure to the same influence. Frequently, however, some, oftentimes too slight to be noticed, antecedent paroxysms pre-

cede those violent seizures. Such severe attacks are peculiar to more southern latitudes, and these are found in the unhealthiest localities. That the malarial poison may become so concentrated as to strike in this way the healthiest constitutition does not admit of doubt. We see the same thing in the poison of all diseases under occasional circumstances. There are two general causes then of the irregular intermittent. First, some peculiar defect in the constitutional vigor on the part of the patient, which may be created by either improper medication, or it may arise naturally from neglected treatment of the regular disease.

Secondly, a highly concentrated state of the malarial poison too powerful to be resisted by any constitution. In the irregular intermittent there is wanting constitutional power to develop the normal reactions characterizing the disease in its regular form, rendering such attacks harmless, except in their remote effects upon the organism. The symptoms which are induced exhibit oppression in the vital powers. The nervo-dynamic energies are embarrassed; in some cases annihiliated. The cold stage is protracted in the worst cases until death ensues; reaction, if at all, is always with extreme difficulty induced. The capillary circulation is stagnant; the skin becomes shriveled, clammy and often utterly insensible to stimulation; the pulse is imperceptible, the respiration sighing, embarrassed, and there is great restlessness; these, it will be understood, are the general symptoms which characterize the congestive chill, or the pernicious or algid intermittent of authors. They vary in their intensity and may indeed exist in every conceivable grade of severity, from the slightest departure from an ordinary and regular paroxysm, up to the most terrific and fatal seizures. The irregularity, therefore, may consist not only in regard to the uncertainty in the duration of the apyrexia but also as to the form of the paroxysm. As in the case of the regular form of the disease, the seizure may not involve equally all parts of the system. The brain and nervous system may be the seat of the attack. In such cases strong men are struck down with coma, and that too without any premonition. Children most generally manifest the same thing by convulsions. It will be entirely unnecessary to go into further detail in regard to the phases which the form of intermittent fever under consideration may assume. Our design has been and is more to unfold the law regulating the production of the symptoms. When that is understood, we can readily see how its application can be made available to the successful interpretation and recognition of all the phenomena which may be presented in different cases. To the

form of the disease which we have been considering, the term *congestive fever* is generally applied in this country. It is now, however, conceded by pathologists that it is not proper to the disease. It does not fully express the condition. Admitting the existence of the state, it is certainly not primary; it is only a result—a consequence. Some antecedent leision or morbid state exists, which is more important to understand, because more important to remedy. The vital powers are pertubed and bewildered. It arises from the direct impression of the poison of malaria upon their controlling and coordinating forces. We have proof of the correctness of this position in the occasional analogy in the effects of most blood poisons. Any zymotic poison may become so potent and concentrated as to strike fatally on a first impression. When it does so, it gives rise to a struggle in every way similar to that indicated by the symptoms we have been describing. There can be found no difference between them. There will be the same nervo-dynamic prostration, the same disorder and imperfection in the organic and systemic circulation. A description of one in short will be but that of the other. Writers have always recognized the truth of this, and hence in the books we have mention of the congestive typhus, the congestive scarlatina, the congestive small-pox, &c. &c.

Furthermore, the nervous shock of the surgeon corresponds with the same state. A leg is crushed under a railway locomotive and there will follow all the symptoms of congestive fever. There will be the same want of power to create reaction, the same nervo-adynamic prostration, the same failure in the capillary circulation.

It cannot be doubted but that the two states are similar; that their immediate causes, although so widely different, act in the same manner upon the general system to produce their effects. But not only because it is vague and inexpressive, the term is liable to other and more important objections. By adhering to it, the writer has seen practitioners commit the most ludicrous mistakes. A woman is seized with an hysterical paroxysm; she has cold hands and feet and a recession of blood from the surface generally; it is congestion and she is treated accordingly. The fault lies deeper; it is the nervo-adynamic force of the organism which is enfeebled and embarrassed. Some term expressive of this state should be substituted; it would indicate more certainly the real principles of treatment.

The Complicated Intermittent.

Intermittent fever may exist in connection with another disease. Its character, however, is not changed by the complication. We have often met with it associated, for example, with typhoid fever, and with enteric or the gastric remittent fever of children. In such cases it is a common remark that it ran into or became a continued fever. This is a fallacy. The two diseases are distinct. In the case of typhoid fever, when they occur in connection, their mutual origin points out the relationship. The case is simply this, the patient has been exposed to the poison of both diseases at perhaps the same time. We have recently had an exemplification of this in our practice. Some men in a filthy slaughter-house by the side of a marsh, became exposed to the causes of ague and the typhoid fever, and as a consequence, contracted both diseases. The intermittent was promptly (as much so as if it had occurred alone) arrested by quinine; the typhoid attack ran on its course. The same thing may occur with regard to any other disease having an origin in a specific poison. Now in the other case, where it is associated with continued fever, known as gastric remittent fever, it is the mucous irritation which is established sometimes by treatment, that keeps up that disease after the ague is cured. It is therefore a separate and distinct affair.

The establishment of any of the phlegmasiæ during its course either form an independent cause, or through its own functional perturbations, may appear to convert an intermittent into a continued form of fever. We are satisfied that many cases considered as bilious remittent fever begin in this way. Some phlogistic condition of the biliary organs or passages becomes established, which sets up the febrile phenomena and continues them until the cause is removed after the ague has been arrested.

The intermittent pneumonia of malarious districts is to be accounted for in the same way. In these cases treating the disease by antiperiodic remedies is successful. Stop the ague paroxysms and the local inflammation also ceases. We are satisfied that the direct results of quinine in such cases are more apparent than real. The local inflammation is not of an intense grade. The reason of this is obvious. It depends upon the state of the constitution of the patient. Intermittent fever, as we shall hereafter see, rapidly destroys the plastic qualities of the blood: its subjects, therefore, are not generally in a state to develop sthenic inflammation. These attacks usually occur in winter, and their subjects invariably

are those whose constitutions have been debilitated by the disease and its relapses earlier in the season. There can be no such thing as intermittent inflammation. When, therefore, such an apparent disease is remedied by the treatment for ague, we believe that its recovery is spontaneous, although hastened by the removal of the associated intermittent, the perturbations of which were calculated to keep alive its activity. Nor can intermittent fever run into any other disease. The affection arises from a specific cause which affects the system according to general laws, and which cannot therefore induce, except secondarily, any other disease.

Pathology of Intermittent Fever.

This is one of those diseases which has no morbid anatomy. There is many an affection the symptoms of which indicate far less disturbance of the vital functions which is characterized by extensive and well marked local lesions or organic changes. This fact teaches an instructive lesson. Morbid anatomy is a great science; it is as necessary to the pathologist as figures are to the arithmetician, yet we have here a fact to prove that its knowledge is not all which is required to understand disease. Structural lesions are but results of antecedent modifications of the organism.

Intermittent fever is a disease of peculiar interest, therefore, because it furnishes a striking illustration of the great necessity to look beyond these local results into the disturbances which precede them, in order to arrive at a comprehension of its intimate nature. This is the tendency of modern medicine, an end to which the completion of morbid anatomy as a science was necessary, but only as the stepping stone.

Deriving no aid from the scalpel, we shall be compelled to resort to an analysis of the morbid actions in the living organism for its pathology. The results, it will be found, are meagre, still we are satisfied that this is a step in the right direction, and if they are not complete, it is owing to the limited state of our knowledge in these particulars.

Writers have not recorded its morbid anatomy, because it is alleged that its fatal result is always due to secondary lesions. This is certainly true. But is there not a law controlling the supervention of these lesions and regulating them? If this can be shown to exist, it, the law, therefore, becomes the true pathological element of the disease. When ague kills *per se*, we have before endeavored to show it does so by the direct impression of its morbific cause upon the vital powers. It is either because this cause is too potent to be re-

sisted or that the powers of the organism are from some cause too feeble to struggle against it. We need not expect here to find by dissection the real changes that produce the result. They are too subtle to be unfolded by the scalpel. But we are not entirely left at sea in the matter. The analogy furnished by the occasional effects of other poisons, that, for instance, of scarlatina, leaves but little room to doubt how the result is induced. But let the disease go on, and if the struggle of the organism against the impression of the malarial poison is sufficient to prevent this speedily fatal result, as happily it most generally is, then there is established its secondary lesions, the history of which is more intricate but equally important. These are characterized by three prominent features, viz: hyperthropy or chronic induration of the liver and the spleen and spanæmia, leading to dropsy. These different conditions appear all to be intimately connected with each other. They all undoubtedly arise in some way from the expenditure of vital energy which occurs during the elaboration of the paroxysms of the disease. The fact of their occurring in this way seems to render them more amenable to treatment than such symptoms usually are when occurring spontaneously. Hypertrophy of the liver and spleen, when idiopathic affections, are serious lesions. Following intermittent fever, they are less grave. Treat the ague cachexia, and they yield just as it disappears. This fact, and some others which we shall mention as we proceed, would seem to favor the idea that the morbid state in these organs depends upon the state of the blood; that they rather follow the impression which is made upon this fluid. In undertaking this analysis, therefore, of the secondary lesions of intermittent fever, we shall begin by first considering the spanæmia.

There is strong ground for believing that the state of the blood is in a great measure the direct result of the influence exerted by malaria upon the constitution.

The rapid impoverishment of this fluid cannot, as in most chronic diseases, be referred altogether to the interruption to the process of nutrition; for this cannot be said to be complete enough in all cases of the disease in which it occurs.

The first thing to which we will direct attention as indicating that the red corpuscles of the blood are wasted by the direct impression of the ague poison, is the fact that they are actively involved in the production of all the prominent phenomena of the disease. The functional disturbances in intermittent fever imply this in a manner too unequivocal to admit of doubt. It is true the use of these elements is not positively determined by physiologists. In composition they correspond

to that of nerve matter and muscular tissue, and they have peculiar facility for absorbing gases. They are assumed therefore, to administer to the nutrition and functional activity of the nerves and muscles of the body. This office involves necessarily the production of animal heat, for which purpose their power of absorbing gases eminently fits them. Liebig, indeed, considers them as carriers of oxygen for this object. Now there is no other disease in which there is so much disturbance in the heat-regulating functions. Irregularity of the temperature is its main characteristic. Their physiological action teaches, then, their connection with the manifestation of ague. But a much stronger argument is derived from the pathology of these elements. If they are necessary to the ague paroxysm, it therefore ought to follow that this would not occur when these elements were absent from the blood; this we believe to be true. It is doubted whether a thoroughly anæmic person can have developed the true paroxysms of intermittent fever. It is no doubt familiar to practitioners residing in highly malarious districts, that individuals rendered thoroughly anæmic by the long existence of the malarious diathesis, do not manifest the paroxysms of the disease. They will give often indication of certain periodical seizures, but no regular disturbance of temperature marking a decided cold and subsequent hot stage, will occur. Anæmic females may have purely nervous rigor, which must not be confounded with the requisite constitutional disturbances of the disease under consideration. It is in this way, in our opinion, that much of the discrepancy in the duration of the different stages of ague, as manifested by different cases, is to be explained. It arises from the varying condition of the blood in regard to its red globules.

Further proof is incidentally furnished that the red corpuscles and their destruction are intimately connected with the constitutional processes involved in the disease in question. This arises from the fact that the glands believed to be concerned in the elaboration of these elements become diseased by the long continuance of the ague cachexia in certain individuals, chiefly young persons. To this state or the disease which it occasions, the term leucocythæmia has been applied by Dr. Bennett. Its subjects are allowed to be among persons who have lived in malarious districts. The writer, since his attention has been called to it, has met with two cases, both of which could be traced to this source.

The exact nature of the disease in these glands has not been accurately determined. Dr. Bennett holds that it is one which simply interrupts their functions, which he considers

are to convert the white into the more perfect red corpuscles, and that it is the presence of the unchanged former inabnormal quantities which gives the peculiarity to the blood, denominated by him white cell blood. It is becoming the prevailing opinion among physiologists, that the white are embryo red corpuscles, that they are in a state of progressive change into the latter, a change which is supposed to be affected by the functions of the ductless glands. But the views of Dr. Bennett in regard to the real cause of this appearance of the blood do not appear to be universally received. The term pyohæmia has been given to the same state. Certain German pathologists hold that the white bodies observed are not white corpuscles, but pus globules, mixed with exudation cells. In either view, however, one fact is held in common by both parties. It is that the fault lies in the morbid condition of the ductless or blood making glands. The functions of these organs are deranged, and if we adopt the view that the morbid appearance of the blood is due to the presence of pus and exudation corpuscles, it is clear they must likewise be in a state of chronic irritation. Now this state is the result of the *long continuance* of intermittent fever, and if we admit that the rapid destruction of the red corpuscles is the direct result of the morbid processes involved in the disease, it is not difficult to see that these glands, by the increased functional activity requisite to overcome this waste, may, upon a well established principle in physiology, become morbidly irritated. The perpetual hypoæmic state in which they would be maintained, it is easy to see, could but lead to the very result which is found to exist in them. The connection of leucocythæmia with ague is certainly an interesting fact, one which is well worthy of further investigation.

That the morbid poison of ague does become most intimately blended with the blood, so as to influence even some of its histological changes, does not, in our opinion, admit of doubt. There are many striking facts which go to prove its influence in this way. The possibility of ague being hereditary is not doubted by the writer. Ordinarily a question like this is difficult of determination, but circumstances may occur so as to present proof of the position. A family, for instance, removes from a district where they have been the constant subjects of the malarial impression, to a perfectly nonmalarious region; and the writer has frequently observed infants born after such removal, one after the other for several years, although the parents have ceased to show any traces of the disease, are apt to have, during infancy, intermittent fever. This has been witnessed too frequently to admit of doubt that

some hereditary impression existed to give rise to the disease. It is upon the principle too of its intimate relationship to the blood that it is believed we are to account for the curious feature in the disease exhibited by its periods of latency which give it its periodical character, so inexplicable when considered in any other light.

As either the results of the above described condition of the blood, or as independent affections, we have remaining to be considered the hypertrophy of the spleen and liver as secondary lesions in intermittent fever.

The spleen as one of the ductless glands has been already referred to, as being connected with the pathological changes in the blood arising from the disease. The unsettled views regarding the functions of this organ, deter us from further speculation on the part it may play in the rapid disappearance of red blood in ague. Kolliker it may be, however, said, has recently advanced the doctrine that in it red blood corpuscles, which have fulfilled their destiny, are finally broken up and destroyed.

M. Piorry asserts that engorgement of the spleen is the true pathological characteristic of intermittent fever. This view is not generally received. We have seen many cases of the disease, in which the most diligent search failed to discover any enlargement of the organ. It most frequently occurs in chronic cases in which even the paroxysms have ceased to occur. It is therefore unequivocally a secondary lesion.

The same thing may be said with regard to the state of the liver; the organ becomes gradually hypertrophied, by the persisting hyperæmic states to which it is subjected by a long continuance of the disease.

But little need be said with regard to the dropsy supervening upon the ague cachexia. When it does not depend upon laxity in the tissues due to anæmia alone, it is the combined result of this with the visceral obstructions to which we have just alluded.

Treatment.

Guided by the general principles which we have endeavored to establish regarding its nature, the principles of the treatment of intermittent fever will be readily elicited.

If the phenomena of the disease are to be attributed to a struggle of the organism against the effects of malaria as a blood poison, it will at once appear that the readiest mode of getting rid of the difficulty will be to counteract the poison, and afterwards remove its effects from the system.

Fortunately, we have the means to arrest the disease at its onset, and there is no circumstance which should hinder their prompt employment.

An immense advance has been made in this respect in the treatment of the disease in question. It is within the recollection of many now, when a simple attack of autumnal ague was a serious matter. It involved weeks of suffering, and frequently reduced the patient to the verge of the grave. The reason of this was, that it was then considered necessary to treat first, and most actively, rather the consequences than the disease itself. The jaundiced skin, the bilious vomiting, and all other functional disturbances were attacked first as though they were primary. In short, it was thought necessary to prepare the system before any remedy likely to arrest the paroxysms was thought admissible.

In this way, the ravages of the disease became immense. The medication used was not only valueless, but positively pernicious. It could not remove the symptoms for which it was used, whilst, by perturbating and weakening the vital energies, successful resistance on the part of the constitution against the poison of the disease was interfered with and often prevented. It was difficult for medical men to give up these views. In some parts of the country, we have heard that they still, in a measure, prevail. The medical mind has indeed very gradually been brought to an acknowledgment of the simple doctrine, that the paroxysms are the things to be treated first, and their results those secondary lesions we have referred to, if necessary, afterwards. We say if necessary, because in many recent cases these lesions or functional disturbances promptly subside under the anti-periodic treatment alone. This reluctance has no doubt arisen from the difficulty which existed in viewing the disease as due to a specific cause, apart from the constitutional symptoms which attend it. The error was, that the latter were considered by the same general principles, pathological and therepeutial, which were brought to bear upon all diseases, accompanied with dynamic disturbance. The old Edinburgh doctrine of sthenic and asthenic states, upheld that we must deplete in fever, and stimulate in its reverse condition, and the rules were adhered to in it as in other diseases. The simple doctrine which is now in vogue strikes directly at the root of the matter. The accurate skill demanded in noting when the pulse requires depletion or its reverse, so much vaunted in former times, is of little use in the treatment of intermittent fever. In many parts of the country its management has passed out of the hand of the physician. The discovery of quinine, with the enlightened

ideas of its use in ague, has been of immense service to the farming interest in our state. It has saved both loss of time and money for medical fees.*

The first principle, then, in the treatment of intermittent fever, is the prompt administration of antiperiodic remedies. If the disease can be traced to malaria, whatever may be the symptoms, these are the means by which it is to be combatted. Of these remedies, quinine is the type of the class, and from its convenience of administration and its potency, justly stands at its head. We shall therefore have reference chiefly to it in the remarks which are to follow. There has been much discussion with regard to its method of operation. Two diverse ways are favorite in medical literature. One party contends that it is a stimulant, another that it is a sedative. Discussing the question in this way is but skimming the surface; we must look deeper to see how quinine acts in the cure of intermittent fever. We have avowed stimulants and known sedatives; these do not influence the disease: still pages have been written to show that quinine is a sedative on the one hand, and a stimulant on the other. Quinine, for the want of a word to express better our meaning, is an antidote to the malarious poison. It promptly neutralizes it, or facilitates the speedy removal of the results of its imbibition from the organism. Now it depends entirely upon the character of the symptoms which malaria is inducing at the time of its administration, how it will appear to act with regard to the dynamic forces. If the malarial poison is depressing the vital energies, then it, by removing the oppressing cause, becomes an apparent stimulant. So also with regard to its sedative effects. If there is excitement following the poisonous impression, by abstracting that source of the state, quinine in like manner becomes a sedative. It is in this way that the remedy, in all purely malarious fevers, is a safe and certain febrifuge. We believe, therefore, that the dynamic effect of the drug is secondary always; the result of its primary action, which is the removal of the influence of malaria, the immediate cause of the symptoms. Granting this, it will be readily seen how this secondary action may appear to vary in different cases.

This view certainly covers the whole ground of the practical operation of quinine. Administered according to this rule, the practitioner would never fail to get the full benefit of the remedy. But if he were to adopt the one-sided doctrine, that it was either a stimulant or sedative, it must be obvious

*At the late agricultural fair in Richmond, it was said to have been remarked by a distinguished agriculturist, that quinine and guano had saved lower Virginia.

that he would lose much of its benefit, since he would be deterred from giving it when it was often necessary. But although practically useful, we will not pretend that our theory of its operation is correct.

The real modus operandi of quinine in the cure of ague is involved in mystery. The advances in modern science have unraveled and brought to light many of the minute processes of the organism. It is in this direction that we must direct the eye for information in this particular. Dr. Headland is the last author who has written up what is known on this point. His views about quinine show that advancing science demands something more than the old idea of its direct dynamical action. He no longer classes it with tonics, stimulants or sedatives, but puts it in a new order, considering it a blood restorative, an agent which acts by restoring to the blood some ingredient which has been destroyed by the disease, in the way that iron does the red globule. The particular ingredient which is wasted in ague, and which quinine supplies, is supposed to be taurin, an element of the bile. He arrives at this conclusion by a very ingenious process of reasoning, founded upon the known disturbances of the hepatic function in the disease, and upon the resemblance in the chemical composition of taurin and quinine. Dr. Headland does not urge the view except as a pure hypothesis, nor do we mean to endorse it as the true explanation. We refer to it to strengthen the remark before made, that we must look beyond its dynamical action to see how the remedy operates on the disease. Its effects are directly antagonistic to the malarious impression. The malarious element must therefore be present for it to act in its peculiar manner. There are other vegetable bitters and many other drugs which appear to cure ague. It is doubted whether anything, except arsenic, acts so directly, or even in the same way, as quinine. Recovery from the disease may be spontaneous, through the natural resources, in throwing or eliminating the malarious poison. Now, this process may be determined and hastened by tonics, sudorifics or deobstruents; but quinine, silently, without perceivable effects of any kind, performs directly the cure of intermittent fever. It has been contended that this drug also influences other fevers, as the typhoid and rheumatic fever. The writer has paid especial attention to this question. His conclusions are, that it has no influence on any febrile disorder that has not as one of its causative elements the malarial poison.

When intermittent fever becomes coexistent with any other disease, then its use is in a marked degree effective; still in

that case it only destroys the malarious disease; any other disorder will go on, except in lacking the influence on it of that affection, as though it had not been given. It is no disorganizer; it may be given in the diseases above mentioned, and in most diseases with perhaps impunity; but we have yet to see the first case of typhoid or rheumatic fever that it has cut short. Others, we are aware, in this country and in Europe have had contrary experience, but, the above is the result of our observation, and we hesitate not to record it freely as the direct paralyzer of the malarious poison, or of its effects; it follows therefore that quinine is admissible in all stages of the disease. At one time it was thought danderous to give it in fever. Experience has not only taught us better, but that it is really the best and most direct febrifuge we can employ in *true malarious fever*. Those who consider it a sedative would fear to give it in the chill; such fears are groundless. In any disease which can be traced to malarious poisoning, quinine is admissible *at all times and under all circumstances*. This is a principle fairly deducible from the way the drug acts in the cure of ague: it is one which should never be absent from the mind of the practitioner, because he should never suffer any scruple to hinder the use of a remedy upon which often the fate of a human being may depend. Still, though admissible, it is not always advisable to give quinine at all times in intermittent fever. It is a blood medicine, it must be assimilated and absorbed into that fluid before it can act. Its action depends upon its assimilation. It must be obvious, therefore, that some choice can be exercised with regard to the time of the administration, to secure this object. The drug would remain inert if not absorbed; therefore, it is the best practice to select that tonic in the course of the disease when assimilation would most likely be speedy and perfect.

Treatment of the Regular Intermittent.

As our previous remarks indicate, the first step in the treatment of the regular, as in all other cases of the disease, is to arrest the paroxysm, it becomes then a question of some practical importance when the quinine should be administered for this purpose. The cold fit is not generally adapted to its reception: there is usually irritability of the stomach at that stage, which would prevent its retention. Besides, it is hardly likely, were it retained, that it would be taken up out of the stomach until reaction begins. Unless there is great emergency, it is not necessary in simple cases to trouble the patient

with the drug in the cold stage of ague. But it should always be administered as soon after that stage is passed as the state of the stomach will admit. There are two very important reasons for this course. The first is, that we have no guarantee that the disease will continue to be regular. It may begin in this normal manner, and then change its character most unexpectedly. The practitioner, therefore, should always guard this point. It is unsafe to trust to this casualty in any case of the disease, particularly those occurring in summer and autumn. The second reason for this course is equally important. This arises from the fact that some time is necessary for the assimilation of quinine. It is no doubt familiar to many, that quinine, whilst it may not stop the chill succeeding the time of its administration, and for which it was given, will still act in preventing any further returns. We have seen it act in this way often. The explanation is, that the system did not get under its influence soon enough to stop the first, but before the time of the next chill this occurred, and this cure was effected. Now we regard this point, which is an important one, by its early use. It must not be denied, that quinine given just before the expected paroxysm does often cut it short. This is a favorite mode with many, and in the simple cases of the disease, may answer. For the reasons which have been given—1st, the absence of a certain knowledge that the hour of return can be anticipated; 2d, the fact that more time in some cases is required for the perfect assimilation of the drug than others—the practice is not safe in highly malarious districts, and particularly when malignant attacks are prevalent or have occurred during the same season. Not alone with the view of affecting the next paroxysm should quinine be administered thus early in the treatment of interment fever. It has another important influence at that time, which ought by all means to be made available. The drug, as has been before remarked, is a safe and certain febrifuge in all true malarious fevers. As, however, its administration then should be in combination with one of its important adjuvants, we prefer to go into detail respecting this property when we come to speak under that head. At present, we merely wish to state the general fact, that its early use tends to cut short the febrile reaction, and also to diminish its violence. This proposition, we anticipate, will be received with some incredulity. Indeed, many may adhere to the old notion that quinine is dangerous in fever. How dangerous? Is it not administered to complete cinchonism in rheumatic fever, when we know that the inflammatory element is dominant, and that too it is said with benefit, cer-

tainly without apparent detriment? Local congestion is all that is claimed as a pathological state for intermittent fever. Now if it is harmless in sthenic disease, when the blood abounds in plastic elements, which its supposed tendency to the head may determine in the exudation of plastic matter, it is easy to see that it can do no harm in congestion even of the brain itself, when that state results from *malarious* poisoning.

Before we proceed further, it will be necessary in the development of our plan of treating this disease, to allude here to the importance of certain adjuvants to quinine. That drug, it is true, is our main reliance; still the disease, in its natural course, is accompanied with various and very severe constitutional disturbances, which, of themselves, become important items in its management. To make quinine successful, therefore, we must bring to its aid other measures in severe cases. They are necessary on two grounds: First, they secure its assimilation, and as a consequence its certain action. Secondly, in doing this, they at the same time bring invaluable comfort to the sufferer. The reaction from the malarial impression may be excessive. Its violence may endanger life by its pure sthenic influence. We have already said this is a rare thing in late years, but it may occur. When it does, it is no objection to the prompt use of quinine. The influence of that drug, if anything, is more immediately demanded by this state, because it betokens further danger, provided another paroxysm be allowed to occur. In this state of things, we must combine with the remedy the necessary measures to modify and lessen the reaction. The lancet and quinine become compatible under these circumstances, and both should unhesitatingly be employed. We must in such cases prevent immediate danger, and at the same time use precaution to secure against a recurring paroxysm. The necessity for this course very rarely occurs, hence blood-letting is not so useful an adjuvant to quinine as those to be next mentioned.

In all diseases arising from a morbid state of the blood, a distressing malaise is a common condition. We see it in an ordinary catarrh, where the blood has become surcharged with matters retained through a suppression of the cutaneous functions. These pains are eminently distressing in intermittent fever. In many cases, it is the terrible general pains of which most complaint is made. At one time, medical men resorted to the lancet for their relief. The throbbing headache was combatted by local depletion. We do not believe this course necessary; its adoption is founded upon an erroneous idea of the origin of these tormenting pains. They are

neuralgic in their character, mere hyperæsthesia of the nervous apparatus. The nerves ache everywhere, because the morbid blood is everywhere in contact with them. We have therefore a more direct remedy for their removal. We must come to the aid of the suffering nerves. We must support them until the shock is past, and opium is the remedy. Opium was early employed in the treatment of ague. Lind recommended it earnestly in the hot stage of the disease. In modern times, M. Jourdan and Bailley,* two French physicians, have put it forward as an exclusive reliance in the cure of intermittent fever. We have never adopted their plan, because it is opposed to our views of the nature of the affection. Still it is not unreasonable, that simply the influence of that drug may, in a manner heretofore described, enable the system to throw off the blood poison, and thereby end the course of the affection in many simple cases.

Though so long recommended, modern authors do not seem to have appreciated the immense value of the drug in the treatment of the disease in question. Practical men in malarious districts, are in advance of the books in this respect. They have arrived at a knowledge of its value from the urgent necessity there is for relief of the symptoms which it so promptly subdues. The atrocious pain before referred to, the gastric irritation and thirst, the extreme restlessness, all yield to it magically. We consider it indispensable in the disease on this account. But not alone for the comfort of the sufferer is it required. Opium insures the action of quinine. The symptoms which it allays are opposed both to the retention and perfect absorption of the drug; here then, lies its greatest curative power. We believe therefore, it is culpable to see a patient racked with pains and tossing in agony in the paroxysm of ague, without affording him this great relief. Next to quinine, we consider it the most valuable remedial agent in the treatment of intermittent fever. With regard to its safety but little need be said, because experience in its use has demonstrated this point; besides the symptoms which it allays from their pathology already sketched, have nothing associated with them contradicting its employment.

Mercury is likewise an important adjunct to quinine in the treatment of many cases of intermittent fever. It is a common practice with many to combine the remedies in all cases of the disease. This, it is believed, becomes necessary in consequence of the disturbance in the hepatic function which is inseparable from its attack. Dr. Headland, whose views

* Cyclopedia of Practical Medicine, vol. 2, page 210.

have already been referred to, confirms the general practice. He makes it essential to the treatment, by holding that the taurin, the element of the bile which quinine restores, being deficient, this stimulant to the hepatic secretion is demanded to supply the wanting material. It is not in accordance either with the writer's experience or his views, that mercury is essential to the treatment of intermittent fever. It is by quinine alone that the paroxysms are to be stopped. This, we have shown, is the first thing demanded. Hepatic disorder and other derangements are consequences: now when their cause is removed, we have in the large majority of recent cases, however severe, done all which is required for their remedy; after this they spontaneously subside upon the lapse of sufficient time; when they do not do so, then the deobstruent effect of mercury becomes demanded.

As a general rule, mercury will give no aid in arresting the paroxysms; its greatest value is after their arrest, in removing such consequences of the attack as linger beyond a normal duration. But there are cases in which it may be required sooner. Repletion of the portal circulation may precede or become so associated with ague as to intercept and prevent the absorption of the quinine. In such cases mercury becomes essential, and should be associated with quinine at the onset.

Purgatives.—This class of remedies is not admissible in the treatment of the disease under consideration, as a general rule, until after the paroxysms are stopped. In cases in which they are indicated sooner, they should be either preceded by quinine or combined with it. For reasons already given, we have seen great mischief accrue from the ill judged use of cathartics in intermittent fever. They are capable of converting a simple or regular into the irregular and dangerous forms of the disease, and should therefore be handled with great caution. We would recommend that hydrogogues should be always avoided in the disease, and the simplest laxatives used in their stead.

Emetics.—For the same reasons which apply to purgatives, their tendency to perturbate the system and to weaken the organic forces, thereby interfering with their ability to resist successfully the malarious impression, we ignore the use of emetics in the treatment of intermittent fever. It is quite a common practice to begin the treatment of the disease with this class of remedies. There is often much bilious vomiting in the cold stage. This, it is thought, should be promoted to free the stomach of its "foul" contents. A very little reflection will soon convince any one of the fallacy of such a pro-

cedure. The increased secretion of bile in ague indicates the good working condition of the secretory apparatus of the liver. In the cold stage the organ is congested, there is an increased supply of blood furnished, and this increase excites the secretory apparatus proportionately if its integrity is unimpaired, and hence the superabundance of bile. Emetics are not only not indicated in its general treatment of the disease, but they may become positively dangerous in no small number of cases. In perhaps the large majority of cases they may be administered with impunity, yet in their promiscuous use, the practitioner will not seldom be startled to find that they will do more than he anticipated. The nausea from this will be perpetuated, the vomiting will continue, and what will be more than all, he will find that reaction does not come on; in short, he will learn, when perhaps it will be too late, that he has converted a simple into a dangerous case by their use alone. As they are never necessary, this tendency, although it may be only occasional, should deter altogether from their employment in the treatment of intermittent fever.

Special Rules of Treatment.

Although some is required, much further detail will hardly be necessary on this point. We consider that in our previous remarks, we have established the following conclusions: 1st. That quinine is the main reliance in the treatment of intermittent fever. 2d. That it should be given in the disease at the earliest possible period, after the diagnosis, when there is likelihood that it will be retained and absorbed. 3d. That opium is an essential adjunct to allay the pain and constitutional irritation incident to the struggle of the system under the malarious impression; which, when thus unmodified, is often sufficient to frustrate the efficacy of other remedies. 4th. That mercury may be required to promote the retention and absorption of quinine in cases of hepatic disorder, and antecedent portal congestion, but that its use is generally more valuable after the paroxysms have been stopped. As it regards the mode of administering quinine, a definite rule cannot be fixed as applicable to all cases. It is believed that less that five grains nor more than twenty should never be given for a dose. It will bring great comfort to the patient, and will insure the arrest of the disease to begin by giving an adult $\frac{1}{4}$ or $\frac{1}{2}$ grain opium and five grains quinine every third or fourth hour until he gets four doses. We begin in plain cases of severe grade with this course directly the diagnosis is clear, no matter what may be the stage of the disease.

If in the paroxysm, the opium is more important than at any other time. Full doses of 20 grains of quinine are often demanded when time is limited to impress the system, and there should never be any hesitation about employing them. Where it does not stop the next chill, it will modify it favorably and often singularly cut short the fever. Such cases do not require the remedy again necessarily; before the time for any other return the system will be impressed and the malarious element destroyed.

The peculiar head symptoms of quinine excite a prejudice against it among the people. The exact cause of the phenomena is not understood. It is clear however that it is not connected with vascular changes or cerebral hyperæmia. Such an idea has limited the value of quinine. Under the fear of inducing cerebral disease, the remedy has been withheld in cases strongly demanding it. Whilst it is only an annoyance, it serves a valuable purpose in practice. It furnishes the physician with a guide when his patient is under the influence of the remedy. But, as some persons are more susceptible than others to get this symptom, it will not do to rely on it except in this way, where full doses are given and it is absent we generally consider it safe to continue the remedy. After it appears in this way, we know that the patient has a sufficient quantity of the drug and moreover that it is influencing his system. The best remedy against it is the continuation of small doses of opium with the quinine. Often in this way have we given it to individuals without their perceiving it, who avowed their inability to take the remedy on account of these distressing head symptoms. But quinine is particularly disgusting to some persons, and we often meet with patients who cannot retain the remedy. This state of things too is aptest to arise in severe cases, where its use is all important. Fortunately, we are not left under these circumstances without resources. The remedy can be made rapidly to impress the system when administered per enema. We have seen many valuable lives saved in this way. ℥ss of the drug should be thrown up the rectum in solution, with opium enough to impress the system and insure its retention, and repeated if necessary. Cynchonism as complete, and in many cases as soon, can be produced in this way as by any other. It is a valuable mode of administering the drug, and as has been said, is available in the worst cases of the disease. The practitioner therefore should never lose sight of this great resource in the use of this inestimable remedy. When the paroxysms are stopped, it will depend upon the extent of the constitutional derangement and the

persistence of these perversions, whether any other treatment will be required for their removal. Usually, as has been said, these decline spontaneously after that result. When they do not, appropriate remedies should be applied to secure their removal.

But when we have stopped the paroxysms we have not finished our work; the patient is still, although apparently well, the subject of the disease, and should likewise be the subject of treatment. This latency in the influence of malaria is one of its most curious effects. It however has an analogy with many other poisons. The vaccine virus remains latent for a given time; so also do most of the causes of zymotic disease. Time is required for them to act after their imbibition. It is the period of incubation. Hydrophobia is a striking example of this property in morbid poisons. So it appears that when the malarious impression is made on the system a regular course is marked out for its action. This course is a series of morbid actions, having intervening, more or less accurately defined, periods of apparent health. This is the natural history of the disease. It is the way the natural powers adopt to eliminate from the system the morbid poison, and in this way, as has been said, it may wear itself out, inducing spontaneous recovery. Antiperiodic remedies destroy the morbid elements which are active at the time of their administration. In this way, in most cases, they only protract the periods of normal latency peculiar to the disease. Any remaining poison not reached by the remedy will induce at stated times a return of the malady. We must therefore be on the alert to anticipate this event by the timely use of proper means. It was upon this principle that old writers recommended delay in aresting the paroxysms. They held that a definite number should be sustained before interference, as after that their arrest would be more complete and lasting. We have elsewhere spoken of the objections to this course. It may jeopardize the life of the patient; if not so, it may lead to protracted constitutional disorders of a grave and troublesome character. Still the fact that these views were held are interesting. It shows that the natural history of the disease had developed the principle taught in this paper to those who had watched it with minds unbiassed by theoretical views, and therefore fixes the fact that self-limitation *is* one of the attributes of intermittent fever. We are prepared to show that there is strong ground for assuming that when latent in the system, quinine and most antiperiodic remedies will have little influence on the malarious poison. For these remedies to reach it, the person must be active, so as to produce, or be

on the eve of producing, its explosive effects in the generation of paroxysms. The proof of this point will be exhibited in the rules further required to be laid down regarding the use of quinine in preventing relapse of ague. The relapse tends to occur at stated intervals, and must be anticipated. Experience has shown, however, that the quinine should be given in a particular way to effect the purpose. It might be assumed that the daily use of the remedy, after the first arrest, would be a certain method of securing the result. But such a course is not only not necessary, but would, most likely, be unsuccessful. It would be only the dose given on the eve of the returning paroxysm which would be useful, and unless this should be of itself sufficient for the purpose, no good would follow; all the previous quantity would be thrown away. Experience has taught, therefore, that a full dose of quinine should be given on the eve of the explosion of the disease, to secure a prevention of relapse, and that its daily use, if in small doses, will not answer, although the sum equal to a full and efficient dose may, in the mean time, have been received. It is this fact, so often demonstrated in practice, which has led us to believe that when latent quinine has no effect on the malarious poison. Happily we are not without a guide in this particular. A quotidian ague is not apt to relapse sooner than the seventh day after the last paroxysm; a tertian the eleventh, and a quartan the fourteenth day. Definite rules have been fixed by writers, regulating the exact time of the liability to return of these different types. Though true as it regards the general fact, absolute certainty cannot be acquired in this particular, because the relapse may be hastened by accident and other circumstances to be hereafter pointed out. To prevent the relapse of quotidian ague, then, we must give a dose of quinine equal in amount to that which first arrested the fit on or just before the seventh day; for simple tertian the same course must be pursued on the 10th or 11th; for quartan on the 13th day. We must endeavor to catch the period when the poison of the disease is beginning to lose its latency; then the remedy will have an opportunity to come in contact with it so as to act antagonistically.

The above course should be adhered to for at least three successive returns of the epochs stated. In this way the malarious poison may be worked, as it were, out of the system, and no further return of the paroxysms will occur. It must not be understood that we are stating here anything more than the general rules which are to be observed in these respects. Our main design has been to illustrate the law that quinine is unnecessary when there is no active influence of malaria pre-

sent, and next that this activity is regulated by stated periods which are susceptible of anticipation by the watchful practitioner. This latter fact was taught by Sydenham, and in regard to the former, the same thing has been observed, although it has been accounted for in a very different way. Dr. Graves* accounted for the inefficacy of quinine, when administered daily for the purpose of preventing relapse, by adopting the belief that the system became so accustomed to its influence as to destroy its effects. He therefore observed the same thing which we have expressed. The same facts have been mentioned by many other observers.

Bretonneau in particular asserts that he has seen two drachms of bark arrest a quartan, which had resisted two ounces of the same drug; but the two drachms were given at once, while the two ounces were taken in small quantities at the time and during 15 days. The treatment of intermittent fever then must then be continued several weeks after the first arrest of its paroxysms, and this treatment should consist in the administration of full doses of quinine at stated intervals, according to the type of the disease. But this is not all which is required to secure against a return of the disease. The latency of the malarious poison may be disturbed, and its active period hastened by accidental circumstances. Whatever tends to hurry the circulation appears to have such a power. We have often seen the paroxysms removed by violent exercise, or by sudden mental emotion. Such things therefore should be strictly guarded against during the time of treatment against relapse.

Other hygienic rules are demanded. After an ague paroxysm is arrested, the appetite often becomes sharp. The patient should not be allowed to indulge it freely; plethora of the portal circulation should be avoided—hence a diet ready of digestion and moderate in quantity should be enforced in an individual in ordinary health before the attack. In such an one, hydrocarbonaceous matters would be pernicious. The grand principle in regard to nutriment should be the maintenance of the blood in such a state as to admit readily of the free elimination of all its necessary waste matter. To preserve this, that fluid should not be supplied from without in the way of food, elements which would take its place in the vital processes, and thereby leave behind azotized elements as a source of morbid action.

To these means when practicable should be added change of air and scene.

* Dublin Quar. Jour. Med. 1846.

There are cases of chronic ague in which quinine appears to fail in their cure. This fact brings under consideration the use of arsenic in the disease. The operation of this drug is clothed with a peculiar interest, because it goes far to prove many of the views which we have advanced in regard both to the nature of the disease and the action of quinine. We have said that the action of the drug was direct upon the malarial poison. In this position, we have unquestionably an analogy in that of arsenic. This substance cures many blood diseases. The avowed theory of its action in inveterate cutaneous disorders, is that it combines directly with the toxic element in the blood and thus destroys it. It must act in the same way in ague. Its operation in that disease is somewhat different from that of quinine, it appears to penetrate further into the strong holds of the malerus morbi, and although slower, it is often the more effectual remedy. We have before asserted that the malarious poison must, as it were, be afloat for quinine to reach it; arsenic seeks it out in the innermost recesses and destroys it. In all cases of chronic ague which resists quinine, this remedy should therefore be employed.

Treatment of the Irregular Intermittent.

So far as the general application of rules for their treatment is concerned, irregular intermittents may be divided into two classes.

1st. Those cases in which an effort at periodicity is still maintained.

2d. Those cases in which there is no effort at periodicity.

Obviously the former is the simpler and most manageable class. The same rules which have been laid down regarding the treatment of the regular intermittent apply strictly in these cases. They need not, therefore, be reiterated. The great point is the diagnosis; when the disease can be traced to malarious poisoning, then the course becomes clear. The latter class is the most portentous. In these cases the vital energies are overpowered and cannot respond by reaction against the morbid impression. These are the cases denominated congestive fever. In them the patient never passes beyond the cold stage. Even when recovery occurs, there is generally little or no decided reaction. The use of quinine is here not so satisfactory. It arises from no inadaptation of the remedy to the disease. We have in it the same malarial poisoning of which it is the antidote. The drug is ineffectual, simply because it cannot be brought to act on the poison.

The succumbed energies will not allow of its assimilation and introduction into the blood. Always when this result is effected the disease yields, the oppressing load is removed from the organism, and the remedy proves triumphant. What is wanting then in their management is some course of treatment to favor this result. Unhappily the resources of our art supply this demand but imperfectly. We can subdue too much vital action, but the means are yet wanting to supply it when deficient, to co-ordinate the unhinged forces of life, stirring them up to normal action when they are below par. To help us in this matter, we want a remedy which is precisely antagonistic to the lancet—digitalis, &c.—something which will bring up to a healthy standard vital action when defective, just as these agents bring it down when in excess. The general desideratum then, in the treatment of this form of the disease, is to procure the absorption of quinine in the blood, and the enquiry arises how is this to be effected? The brain is active, the mind is singularly clear, the muscles have strength but the organic forces are paralysed, the currents of life are stopped; the patient appears to live only by the nerve force in reserve at the time of the attack. The torpor of death prevails; medication or nutrition cannot be introduced because their avenues are shut up, and death becomes inevitable without relief, when the nerve power held in superfluity in all healthy men is exhausted in carrying on respiration, &c. This state, when fully established, is generally mortal. The patient may indeed survive many days, but it will be found that no art can have power to wheel into rank the scattered and bewildered forces of life; no stimulant can again march them in the solid column of health. Obviously the remedies in these cases, those which the indications would suggest, and which experience has found to be most useful, are brandy, camphor, quinine, opium, and external stimulation of the cutaneous surface by means of sinapisms, blisters and steady friction, timely applied and steadily persevered in; these measures often prove successful. In regard to brandy and all remedies of its class, the quantities given should only be regulated by the effects induced. But unfortunately, this article is often not tolerated by the patient; although the thirst is extreme, it excites insurmountable disgust, and when received is rejected; camphor, when combined with moderate doses of opium, is better borne, and the drug should be steadily plied, combined with all other means likely to secure reaction. There is some contrariety of opinion about the use of quinine in these cases. Those who hold that the remedy is sedative in large doses, but stimulant in smaller ones, ignore its liberal

use, confining themselves to its exhibition in minimum quantities often repeated. We do not think that there is any room for doubt about the matter. Here, as in all other cases, the drug is wanting to antagonize the poison of the disease. If it comes to be assimilated it will do this, and when we give it in sufficient quantities we surely stand a better chance to secure this result more speedily. For this reason, whilst we would oppose the use of poisonous doses of this drug, we certainly would recommend that not less than two scruples should be relied upon, per diem, which may be given in two or more doses according to the circumstances of the case.

We believe that much of this diversity of opinion in regard to quinine has been owing to the variation in particular cases with regard to its assimilation. Large doses have failed, not because they were sedative, but because they were unassimilated, and small doses have proved effectual from the opposite; they were given at a time when the drug was absorbed readily; and hence, when a sufficient quantity became imbibed, their success was apparent.

The settlement of this question is an important point, for quinine in these cases, as in all others, is the grand curative agent. The other remedies may, it is true, be equally essential, but not in the same way. They are designed to overcome immedate danger, to keep the patient alive until that drug can be assimilated, a result which they may likewise promote. But their action is not so fixed, nor is it so satisfactory. One never sees one of these terrific cases but he rejoices that he has the power to prevent them if applied to in time. For this reason we have deemed it important in this article to enforce again and again the necessity of the early use of quinine in all cases of intermittent fever.

EDITORIAL AND MISCELLANEOUS.

The readers of the Stethoscope will no doubt be gratified to find in our present number a full report of the proceedings of the Medical Society of Virginia, the annual meeting of which occurred on the first Tuesday of last month. The premium offered for the best written essay was awarded to Dr. J. F. Peebles of Petersburg. It will be read with pleasure and profit by all, and will doubtless add to the already wide-spread reputation of its distinguished author.

The report of the committee appointed at Charlottesville to negotiate for the establishment of a journal, to become the exclusive property of the society, was by far the most exciting topic of debate at the late meeting. That it met with a most strenuous opposition we do not intend to deny; that it found in the ranks of the opposition some few who were its early advocates we are willing to affirm; and we are also free to declare that many who came either to enlist under the banner of those opposed to the scheme, or to remain neutral until its merits were freely and fairly discussed, became its fast friends, as was evinced by the support they finally gave to it. This latter class was chiefly made up of gentlemen from the country; such was our observation at the time, and farther enquiry has not led us to alter our opinion.

It were bootless now to descant upon the various objections which seemed to influence the minds of opposing members. Some contended that a corps of *unpaid* editors could not be expected to attend very rigidly to their duties; others seemed to desire that the number of editors should be reduced, and that a salary should be bestowed for the services required of them. But these are minor objections. The most potent of all, and indeed the only one which by possibility could have defeated the measure had it been sustained, was the debt of $2500 which the committee assumed in behalf of the society,

and which it was supposed would compel members to open their pockets in order to liquidate. The objectors were assured that this debt was only a debt *in appearance*, so far at least as the society stood affected by it; that the treasurer called for no increase in the annual assessment, and that the principal creditors were to be reimbursed by the collection of funds now due the Stethoscope, and in no other way. Notwithstanding these assurances, for the truth of which we refer our readers to the published proceedings, some were found unwilling to adopt the proposed measure. A very decided majority however arrived at a different conclusion; and this journal is now the property of the society, and to be managed in future by such individuals as it may think proper to appoint from year to year. With no other interests to subserve than those of the body to whom it belongs, we bespeak for it a cordial and united support. In the hands of its present editors we can aver, that it will never become the organ of any party, but will be conducted with a view to the benefit of all.

In filling its pages, we shall look for aid to the auxiliary societies. Many such already exist in various portions of the state; and in those towns and counties where they have not been formed, we call upon the profession to exert itself in their speedy establishment. It will cost the secretaries of these local societies no great amount of labor to forward, from time to time, such papers as may be presented; and any interesting discussion which may incidentally arise will doubtless be acceptable to the readers of the Stethoscope.

In seeking thus largely to occupy our pages with *home matter*, we conceive that we are carrying out, in a great degree, the purposes for which this journal was established. We desire to bring into active exercise the medical mind of our own country—to call upon those who have the ability to write, to give us the results of their varied observations; and we will not permit ourselves to doubt that individuals thus constituted are to be found widely disseminated. Let them no longer rest satisfied with the mere performance of duties to their patients—duties which, it is true, should stand in ad-

vance of everything else; but let them seek to promote and adorn the profession of their choice.

In making these remarks, we are far from wishing to convey the idea that our department of "selections" is to be neglected. We shall diligently cull from our domestic as well as foreign journals everything of value and interest. Many of the contributions of the Stethoscope have proceeded from gentlemen who reside beyond the limits of the state, and are therefore not members of its medical society. But we feel assured we shall not lose their valuable aid: our pages are open to them now, as they ever have been.

Associated effort is the great lever of progress. No one mind, however active, vigorous or astute, has ever reared a monument of materials wrought from the mines of truth, by its own unaided energy. The most useful and brilliant discoveries have always been the results of the gradual accumulations of knowledge, the progressive accretions of time.

Like the coral reefs of the ocean, which form the bases of continents, the proudest monuments of genius are built upon foundations laid by the toiling millions.

To add one stone to the temple of knowledge, or to give additional lustre to one long handled, but unappreciated by the multitude; to develop one truth in all its relations and applications, is as much as any single mind can hope to accomplish.

These general propositions, applicable to every department of knowledge, are emphatically so to rational medicine.

Medical philosophy embraces the widest range of learning.

All the laws and varied conditions of inorganic matter—these modified by organization into a complicated series of vital organisms, dissimilar in vital endowments and functions, yet harmonious as a whole—all these are directly concerned in the vital chemistry of man.

But if the mechanism and movements of the human system were perfectly understood—if all its phenomena had been accurately noted, and its laws rigidly and logically induced—in

short, if the science of organization and of life had been rendered exact, even then but one step would have been taken in medical philosophy.

A perfect comprehension of normal, healthy function and action does not imply any knowledge of abnormal, diseased action.

Whilst the essence of disease remains as imcomprehensible as the vital principle itself, still its effects on structure are appreciable and visible, yet how diversified in form, how varied in its modes of termination! How modified by climate and season, and occult epidemic influence and idiosyncracy, so that every individual case possessing a variable element, becomes a problem to be solved by itself!

But if pathological anatomy had been perfected, if all the forms of abnormal action, with their effects and modes of termination, had been accurately noted, still all this does not imply any knowledge of the causes of disease, of its methods of prevention and of its cure. Etiology is still almost a *terra incognita*, and therapeutics presents an illimitable field of observation.

"Practical medicine is only enriched by facts," and we maintain that logical deductions from a sufficient number of accurate observations, are as really facts as the data from which they are drawn. But these latter must be noted with pains-taking vigilance, sifted of every error, and tested by every touchstone of truth.

The above imperfect sketch of the legitimate objects and methods of medical enquiry, we are persuaded, is sufficient to render apparent the truth of the remark with which our editorial commenced, viz: that associated effort is indispensable to progress in a profession which levies contributions upon the whole circle of sciences; co-operating, combined effort—let this be the leading idea.

We desire to speak personally to every reader of this journal, to every cultivator of medicine, and its collaterals, and say, *You owe your noble profession an effort for its progress. When you have skillfully and successfully discharged your duties to*

the communities in which you reside, you have filled a part and not the whole of your high mission.

The rich harvest of experience, which has cost years of laborious research and self-denying devotion, should not be entrusted to the treacherous keeping of an overtaxed memory, and to be buried with you. It belongs to the common stock of knowledge—to the great cause of humanity. Perhaps accident or locality, or your peculiar habits of investigation, may have afforded you unusual opportunities of observation in some special department. We ask, are you determined to be an unfaithful steward?

We know that almost every community in our country contains medical men who are prosecuting their labors in the true spirit of science and philanthropy. We wish to arouse their zeal, to excite a generous spirit of emulation, to see them organized into a great body of colaborers for the collection and diffusion of medical information. The journal entrusted to our care is designed for the collection and preservation of the fruits of their labor—to be their vehicle of intercommunication and interchange. The objects contemplated by the establishment and incorporation of the Medical Society of Virginia are "the collection, diffusion, interchange, preservation and general advancement of medical knowledge throughout the state."

These objects cannot be compassed without the agency of the press.

This society, until within a year or two past, was almost exclusively confined to the medical men of Richmond and its vicinity. Even this small local affair appointed regularly *its committee of publication.* But now a wider range is embraced by our organization. Its charter has been surrendered to the medical men of the state. It numbers its hundreds of members throughout the length and breadth of our land.

An organ of intercommunication is not only necessary for the prime objects of the society, but is indispensable to its yet more thorough and efficient organization.

We hail with pleasure the establishment of local societies in different parts of the state. We tender them the use of

our pages. They can render services of incalculable value by the collection of interesting facts and recorded descriptions of epidemics. We call upon our readers to aid us in this good work of organization. The great interests of religion, of benevolence, of civil society, of agriculture, of commerce, of manufactures, are successfully developed, maintained and protected, only by the associated effort of those interested in them. Why should it not be so with medicine? Is not the field of observation wide enough? Are not the intrinsic difficulties of the science great enough to demand combined effort? Are not its objects identical with the great interests of humanity and civilization?

Surely no one can doubt the policy of such associations as our medical society—no laudable, legitimate, praise worthy interest can suffer from the combined supervision of all having a like interest. It is only the piratical schooner that seeks to evade the wholesome laws of the seas. These latter insure the interests of fair dealers upon the principles of equality. They secure harmony by the enforcement of justice. "First pure, then peaceable." So the interest of one medical man, in the faithful and legitimate exercise of the functions of his humane calling, is the interests of all simularly engaged.

But our society, in its present extended organization, is yet in its infancy. We see its buds of promise. The rich fruits of its maturity are yet to be gathered. Its success, like the efficiency of an army, depends upon every man's doing his duty. We ask our brethren generally, Shall we, as conductors of this journal, have the pleasure of chronicling your mastery of the difficulties of science and conquests of disease? Shall we record the proofs of your *self-devotion* to your humane calling? But the collection and diffusion of medical information is not the sole duty of our society. The maintenance of the interests and rights of medical men as a class—the vital question of medical education—all these require the lever of associated effort, and the scrutiny of enlightened public sentiment. But we reserve their consideration for future issues.

In accordance with our previous announcement, we have commenced this issue with a lithograph of James McClurg, M. D., the first president of the Medical Society of Virginia.

Dr. McClurg was born in the county of Elizabeth City in year 1746, and after having received a thorough classical education at William and Mary College, he repaired to Edinburgh to prosecute the study of medicine. In 1770 he received his degree of Doctor of Medicine, and after remaining three years in London and Paris in the investigation of his profession, he returned to Virginia, and established himself in Williamsburg. In 1783 he removed to Richmond, and in 1820, he was elected to the office of president of the Medical Society of Virginia, and in July 1823, some twelve months before the society received its *regular charter*, he breathed his last, in the seventy-seventh year of his age.

The portrait of Dr. McClurg, which we now present, was originally drawn on stone by our friend and townsman, Dr. H. E. Peticolas, for the Virginia Medical and Surgical Journal, and it was through the liberality and kindness of Drs. Peticolas and McCaw that our lithographer was permitted to make use of the same stone and drawing; unfortunately however, after we had made but A FEW COPIES, it became so much defaced that we were compelled to have a NEW DRAWING made. Still we acknowledge our indebtedness to the above gentlemen for the original portrait.

Appointment of Professors in the Medical College of Virginia.

By accident, our announcement of the two vacancies in the corps of professors in the new Medical College located in this city, was placed in an unusual position. Desiring therefore to give greater publicity to the announcement, we again call the attention of the profession to the liberal invitation of the board of visitors to all who may desire to be candidates for the vacant chairs. It will be perceived that the board announce their intention to fill these chairs on the 25th of May, and have taken the usual method to invite applications.

Notice to Contributors.

Owing to the length of the prize essay, and the proceedings of the Medical Society, we cannot find space in our present number to notice many articles that have been received; we shall therefore be compelled to reserve them for our next issue.

All communications for the Stethoscope are requested hereafter to be addressed to E. G. Higginbotham, M. D., the business editor.

☞ No article written on both sides of the paper can be inserted in the Stethoscope. We wish, therefore, that one side only of the paper be used, and that all words—particularly technical ones—be written PLAINLY.

Proceedings of the Annual Meeting of the Medical Society of Virginia for 1854.

The thirty-first annual meeting of the Medical Society of Virginia was convened at the hall of the society on Tuesday, the 4th of April 1854.

The president, Dr. Thomas P. Atkinson, took the chair at 12 o'clock M.

The following fellows were present during the sessions of the meeting:

Anderson, J. B.
Anderson, Chas.
Anderson, L. B.
Anderson, W. E.
Archer, Carthon
Atkinson, T. P.
Beale, James
Bolton, James
Broocks, Jno. N.
Burwell, B.
Cabell, J. G.
Cabell, R. G.
Carter, W. G.
Carter, John F.
Coates, S.
Cole, E. A.
Conway, Jas.
Cox, Thos. E.
Deane, F. H.
Dove, John sr.
Dove, John jr.
Farrar, W. F.
Fleming, J. S.
Garnett, J. R.
Gibson, C B.
Gooch, P C.
Gordon, Thos.
Gwathmey, Ro.
Hancock, F. W.
Harrison, E. C.
Harrison, E. H.
Haskins, W. D.
Haxall, R. W.
Higginbotham, E. G.
Hobson, Saml.
Isbell, A. C.
Johnson, Thos.
Johnson, C. P.
Lewis, R. A.
Little, J. P.
Lynch, M. T.
Marx, F.
Mayo, T. P.
Merritt, A. T. B.
Merriwether, ———
McCaw, Jas. B.
McCarthy, ———
Millnor, W. H.
Minor, Geo.
Mills, C. S.
Otis, Geo. A.
Parker, W. W.
Patteson, W. A.
Patteson, Saml.
Patrick, S.
Peticolas, A. E.
Pollard, Thos.
Snead, Albert
Taylor, R. K.
Terrill, A. J.
Trent, P.
Tucker, D. H.
Tucker, A. B.
Upshur, G. L.
Walke, J. W.
Wellford, R.
Wilson, W. E.
Worsham, H. C.
Woolfolk, J. L.

The meeting having been organized, the president delivered the following address, which was received with much applause:

Gentlemen of the Medical Society of Virginia.

Our present meeting is saddened by the reflection that, since we last assembled, death has been among us, in the execution of his dread commission.

Dr. Lewis W. Chamberlayne, my ancient friend and beloved classmate, and one of the most valued fellows of our society, has been stricken down by that messenger of the Almighty, who, although frequently denominated the *king* of terrors, is himself but a subject, and the instrument in enforcing the decrees of a sovereign who ordains all things in infinite wisdom, and to whose government we should bow with reverential submission.

It is not my purpose to deliver a eulogy on the character of our much lamented friend and brother, but it is due as well to the long existing and intimate relations which we both delighted to cherish for each other as to the excellencies of his character, that I shall say, what I know will find a ready response in the bosom of all present, that to talents much above mediocrity, he united rare conversational powers, which made him not only an interesting but an instructive companion, and that in every quality of the heart which adorns and dignifies an individual and renders him useful to his fellow men, he was excelled by but few who have acted as our cotemporaries on the stage of life. Decided in his convictions, he was firm and fearless in avowing and defending them; honest, conscientious and benevolent, he was true to his engagements and ever ready to extend the hand of relief to raise up the oppressed and to minister to the health and comfort of suffering humanity. He manifested on all occasions great public spirit, ever supporting, with energy and zeal, all schemes which promised to benefit his country or to advance the peculiar and local interests of the city in which he lived, and which he served for many years, most acceptably and usefully, as one of its municipal officers.

As a physician he was intelligent, discriminating, laborious and successful.

Respected and honored by his professional brethren, as well for his scrupulous regard to the laws of etiquette which regulate the intercourse of medical gentlemen, as for his high attainments, for the virtues which adorned his character and for the amenity of his manners, he has gone down to the grave, leaving not only a name without reproach, but an example worthy to be imitated.

Let us endeavor so to regulate our conduct through life as that, when we shall be spoken of as being numbered with the dead, it may be said of us, as of him whose death I have just announced, that an upright man and good physician, who "followed truth where'er she led," has been taken from a circle of friends who loved and honored him.

We have met, gentlemen, to deliberate on matters in which the community at large no less that ourselves are deeply interested. The character and acquirements and professional ability of medical men are interwoven with the welfare of every man, woman and child in the land; and yet the public seem to feel no concern in them all, but exhibit as much indifference as if it were a thing of no moment whether those to whom they entrust the guardianship of their health and lives are well qualified to take care of these most precious of all earthly interests, or are the most arrant pretenders and quacks who ever disgraced the likeness and image of man.

This is manifested by the neglect, not to say the contempt, which the appeals, which from time to time have been made to our general assembly, for legislative redress of the evils which the public more than ourselves suffer, have met at the hands of the representatives of the people.

These magnates of the land are deterred, by what they regard as the temper and disposition of their constituents, from granting the relief which is asked. The consequence is, if we receive any answer to our very reasonable and respectful petitions, it is in the shape of a cold and formal rejection of our suit.

Nor are any appeals which we may make in future likely to meet with more favor than those which have been already submitted.

As long as so many of our lawmakers are time-servers and place-hunters, who are taken from the pot-houses and stews of the country, whose subserviency and not whose worth is the basis of their popularity, and who are afraid to do what they know to be required by the best interests of the community, we need look for no improvement in our legislation.

The established policy of our state is to grant a license to kill, by administering medicine, for just one-half of what is paid by one who seeks the privilege of murdering by the sale of ardent spirits. There is this difference, however, in the two cases. The keeper of the tippling-house is required to exhibit, to the pliant consciences of the court, satisfactory evidence of good moral character, and of his ability to perform what he promises, while the so called "doctor" is not so much as asked if he possess either character or qualifications.

The truth is, gentlemen, we have nothing to expect from the legislature. They are too much concerned for themselves to think of the great interests of the people, which are involved in the evils of which we complain.

Let us look to ourselves, to our own unaided efforts, therefore, for the accomplishment of the great object which we desire to attain. Let us lay before the public such evidence of the evils, which *they suffer* under the existing order of things, as will cause *them* to *demand* what *we* have been long *soliciting*.

Let us convince them, if possible, that their health and lives are worth preserving, and that they treat no other interests so lightly as these, which more than all others deserve to be cared for.

Let us, above all, *clear our own skirts* of all participation in the guilt of those who are responsible for the ills which we seek to remove.

By some strange and unaccountable process of reasoning, or by no process of reasoning at all, the people of our country have become convinced that an individual may not have sense enough for any other profession, and yet may be manufactured into a first rate physician: or in other words, that "any fool may make a good doctor." Now, of all the delusions which ever possessed the mind of man, this is the most unphilosophical—we will go further and say, the most irrational and absurd, as well as the most fatal to the vital interests of the human family.

We are free to admit that men of but a moderate amount of intellect may, by great experience, come to be not only good nurses but safe practitioners in ordinary cases of disease; but we aver, as our decided conviction, that it requires talents of the highest order to enable an individual to become a *good physician*. Neither the pulpit nor the bar makes such heavy requisitions on the beneficence of the great Creator, as the much misunderstood and undervalued profession to which we belong. We do not desire to be understood as meaning that no one can be a first rate physician who is not blessed with the genius and imagination which fit their possessor to be a *poet* or a *painter;* but the principle for which we contend is, that sound judgment, nice discrimination and close observation, crowned with good common sense, (which by the way is the most uncommon, as it is the most valuable of all endowments, and which includes a proper balancing of all the other faculties of the mind, and enables one to see things as they really exist,) are indispensable requisites in him who would aspire to the proud eminence of being esteemed, among the intelligent of his own profession, *a well qualified physician*,

worthy to be associated with a Sydenham, a Rush, a Johnson or a Chapman.

While we claim for medicine an importance above all other callings, and are proud to assert our conviction that it is graced by many minds of the highest order, and that for general intelligence and worth it deserves to be favorably regarded; while, indeed, we contend that the purest and loftiest specimens of the genuine men of honor, intelligence and good breeding, are to be found among *medical gentlemen*, we are forced to admit that the prevalence of the absurd idea to which we have alluded has caused our profession to be incumbered with the refugees from every trade and occupatian known among men.

These intruders, for such we must regard them, have multiplied to such an extent of late, that like the swarm of foreigners who have come to our shores from the old world, and who, feeling their strength, are disposed to dictate the policy of our government, they seem inclined to the belief that they should exercise a controlling influence over the destinies of the profession.

In the words of that great master of the English language, Dryden,

> "Mere refugees, at first, they enter here,
> And soon as denizened, they domineer."

We trust, however, that they will not be able to prevent or to retard the progress of those great schemes of reform which are demanded alike by the good sense of the intelligent of our own ranks and by the best interests of the community.

When we consider that the laws and operations of nature, as exerted in the regulation of the human system in its healthy as well as its diseased condition, are secret and hidden from human view, and that we have therefore to trust to the faculties of the mind above spoken of, to *infer a great deal* from the *little that is revealed*, we will not appear unreasonable in what we have claimed as indispensable qualities to enable an individual to become an eminent *or even a safe* physician.

An ingenious mechanic, if he be dextrous in the use of tools and have made himself acquainted by reading and observation, with the operation of moving forces as applied to machinery, and with the laws which regulate them, may not only become competent to repair a watch or a mill, or to make one without a pattern, but he may attain to eminence in his calling.

An individual possessed of a fine imagination may, by a proper study of the pictures of the great masters of his art, and by long practice, arrive at such distinction as a *painter*, as to be classed with a Raphael and a West.

Another who is gifted with genius of a very high order, and who has the *poet's* inspiration, may, by proper application, so qualify himself for versification as almost without effort to throw off works which may entitle him to rank with a Byron or a Burns.

A lawyer of brilliant parts and fluent delivery may, by diligent study of the statute and common laws as laid down in the books and explained by commentators, and by long practice in the courts, become not only a distinguished jurist and judge, but an *orator*, able to captivate listening juries and to sway the masses at his will.

The ambitious politician, who aspires after greatness and who longs for power, by like diligent study of history, the laws of nations, the science of government and of political economy, and by such a close observance of the character of mankind and of the springs of human action as will constitute him a good judge of human nature, may in the course of time arrive at the proud distinction of being a great *statesman*, fitted by his superior attainments to preside over the destinies of a mighty nation.

And so again, the *clergyman*, whose previous preparations have qualified him for entering the ministry, and whose heart and tongue have been touched with a live coal from off the holy altar, may, by a faithful devotion to all the duties of his sacred calling, become not only a good preacher but distinguished as a divine.

But neither the ingenuity and handiness of the *mechanic*, nor the imagination of the *painter*, nor the genius of the *poet*, nor the brilliancy and fluency of the *lawyer*, nor the learning and logic of the *statesman*, nor the qualities of mind and heart of the *minister*, nor all these combined, will qualify an individual to become a great *physician*, if he lack those peculiar gifts which we have enumerated as essentially necessary to be combined in him who would take in his charge the health and lives of his fellow men.

The fact is, that to all these natural endowments one may add such an accurate acquaintance with the structure of the human frame and of the principles of physiology as to tell the origin, insertion and action of every muscle, the source and distribution of every nerve, the course of every artery and vein, and the functions of every organ of the body; he may know the symptoms of every disease to which man is subject, and the virtues and proper doses of every article of the materia medica, with their chemical affinities, enabling him so to combine them as not to administer incompatible substances. He may be able to give the botanical names of all

the vegetable and the technical terms of all the mineral agents used as medicines, and to talk learnedly of their properties; and yet, if he be deficient in good judgment, close observation and accurate discrimination; and especially if he lack that greatest of all gifts, mother wit or common sense, he will not be able, by a correct process of sound induction and accurate inference, to arrive at a proper conclusion as to the hidden operations of nature and of the secret condition of the diseased organs, a perception of which is necessary to enable the practitioner properly to adapt his remedies.

Without these endowments therefore, he can never become a great physician.

Nor are certain *moral* qualities less necessary than the mental endowments to which I have referred.

No individual should be allowed to enter a family as its physician, who has not an acute perception of the obligations of truth and honor. His position is one of the highest responsibilities known among men; and he who would fail to meet their most exacting demands is not only unworthy of that position, but deserves to be turned over to the tender mercies of the hangman.

The celebrated Talleyrand held that a *mistake* made by a military commander, involving as it might the lives of thousands, was worse than a crime.

So, it may be said, that *imprudence* on the part of a family physician, which may, and often has, destroyed the peace and happiness of households, should subject the individual to the execration of those whom he may have directly injured, to the displeasure of mankind, and to an eternal and ignominious banishment from a profession which should be filled alone by *gentlemen*, not only of honor, but of discretion.

"Hic nigre est; et tu caveto," should be branded on his forehead in characters of living fire, that he may be known and avoided by all his species.

Let no one say that I magnify our profession above all proper measure.

As long as there shall be truth in the scripture declaration, that "all that a man hath will he give for his life," as long as human health and human life shall be of more value than all else besides of a temporal character, so long will the qualifications of physicians be of infinite importance to the human family. And until the Almighty shall tear away the veil which he has seen proper to cast over the operations of nature, as carried on in the human system in its diseased condition, so long will the mental qualifications, on which we have insisted, be required to enable an individual to discover

and to regulate those operations, and thus to adorn that profession to which this difficult and important duty has been assigned.

We think that we have demonstrated the necessity of a rare combination of mental faculties in him who would enter the medical profession, with the hope of acquiring the reputation of being a physician, who needeth not to be ashamed of manifold imperfections, if not of gross incompetency.

Observation must have forced on all of us the painful conviction that too many, who have taken on themselves the high resposibilities of those who deal out to their fellow men the powerful articles of the materia medica, which become remedial agents or poisons as they are judiciously or otherwise administered, are lamentably deficient not only in these natural endowments, but in all those adventitious accomplishments which are necessary to constitute an individual even a *safe* practitioner of the healing art.

The practical and all important enquiry arises then, how shall our noble profession be reformed and raised to that proud eminence which it deserves to occupy?

We wish that we could point to a remedy which promises a speedy and a sure relief.

Having (as I have attempted to show) nothing to hope from legislative action, we are forced to rely on our own efforts, and on the good sense of the *people*, which, having so wofully failed us in time past, affords but little encouragement for that which is to come.

Nevertheless we should not utterly despair. Although we may not be able to do much for the present generation, we may set on foot a reform which, reaching into the future, may earn for us a posthumous fame, and draw on us, when we shall have passed away, the blessings of a grateful posterity.

We cannot hope to rid the profession of those who, having no idea above that of the almighty dollar, practice medicine *as a trade*, or of the itinerant quacks who peddle out their galvanic or their mesmeric remedies, or who by their wonderful legerdemain cure all cases, even of congenital blindness or deafness, and who promise speedy relief to those for whose natural organs of sight eyes of glass have been substituted.

But we may do much towards improving the legitimate ranks of our profession, by discouraging those who are incompetent by nature, or unqualified by education, from entering a profession which they not only can never enrich by their contributions of learning or of skill, but to which they must ever prove an incumbrance and a reproach.

Let us covenant with each other, gentlemen, that we will

take under our tuition no young man who is grossly deficient in those mental or moral endowments which we recognize as indispensable, or in that preliminary preparation which is important as a prerequisite to the study of medicine.

If every physician in the state would act on this principle, and thus (so far as may be in his power) throw around the profession this shield against the entrance of ignorance and incompetency, the next generation might boast of exemption from most of the evils of which we complain. I will make no appeal to your selfishness, but I do invoke your *patriotism* and your *philanthropy* to adopt this rule, which seems to me of all others most likely to benefit our race, by relieving them of one of the greatest curses of the age—an ignorant and unqualified medical faculty.

Let us, moreover, exert what influence we may be able to wield over the medical schools of the country, by argument and entreaty, to induce them to elevate their standard of education, and let us encourage those only which adopt the highest grade.

The true interests of the south require that there shall be such an institution on this side of Mason and Dixon's line, and we, as loyal sons of Virginia, should, as doubtless we all do, desire to have it located in the metropolis of our state.

The present seems to me a most auspicious time for building up such a medical school in this good old commonwealth.

Our general assembly have recently granted an independent charter to the "Virginia Medical College," located in this city; and although some of its provisions may be defective, may we not hope that the very intelligent gentlemen who control its destinies, and whose desire, we doubt not, is to have it possess the confidence of the profession, will consent to such a modification of that charter as shall bring to its support every medical man in Virginia, who has a proper regard for the honor of his profession, for the interests of his native state or for the health and lives of the people?

It is alone by means such as I have indicated, gentlemen, that we need hope to succeed; and we should, in conversation and through the press, inculcate these views on our medical brethren throughout the commonwealth.

It gives me pleasure to state that the committee, appointed at our last meeting, to establish a journal as the property and organ of the society, has succeeded in purchasing, on very advantageous terms, (which will be reported to you in due time,) the Stethoscope, and that its columns will be a proper and efficient medium through which we will be able to communicate our views on this and other subjects of interest to the profession.

We look to this journal as a most important lever by which we shall be aided in our efforts to elevate the condition of medicine in our state. We trust that every member of the society will feel that he has a personal interest in its success, and that not only they but others will furnish, as contributions to its pages, full and well digested reports of all the most interesting cases which may occur in their practice.

With such articles and others of a practical character, which we hope regularly to obtain, we may make our journal the instrument of communicating a vast amount of valuable information in relation to all subjects connected with the practice of medicine, and especially to those diseases which *are peculiar* to our *southern country*, and to the remedies best adapted to their cure.

I know of no other way in which our organization can accomplish as much good, and I therefore trust that it will receive the hearty and zealous support not only of our own fellows, but of all who feel a proper interest in the great objects which we seek to attain.

There is but one other subject, gentlemen, to which I will advert in this address.

The world is accustomed to speak of medical men as belonging to a divided and discordant brotherhood, who are prone not only to differ in opinion, but to entertain mutual jealousies and dislikes.

That in a profession which is composed of such heterogeneous elements as ours unfortunately is, including as it does low and vulgar pretenders, who, blessed with neither moral principle nor mental nor acquired qualifications, have insinuated themselves into its folds through the defective and open meshes of the law, as well as of accomplished physicians and high-toned gentlemen, who are fitted by nature and by education for the proper discharge of their important and difficult duties; that in a profession thus constituted, there should be found those who can never act harmoniously, is not to be wondered at. The properties of the two are not only wholly dissimilar but repellant; and there is no alkali in all the materia medica which can cause agents of such opposite qualities to combine.

We admit then that there are contentions among medical men: but if we were to search the world over for examples of the purest and most confiding friendship, we should expect to find them among members of our own profession, who, distinguishing between honorable competition and low rivalry, are proud to acknowledge each other as brethren engaged in the same godlike mission of ministering to the health and comfort of a sick and suffering world.

Let us, gentlemen, be careful to cherish in our own bosoms and to encourage in others this generous and exalting principle, that instead of giving rise to the disparaging remark, "see how these doctors differ," our intercourse with each other may suggest to the minds of all observers the sentiment of the psalmist, "Behold how good and how pleasant it is for brethren to dwell together in unity."

On motion of Dr. HAXALL, it was unanimously resolved,

That the thanks of the society are tendered to the president for his excellent address, and that he is hereby requested to furnish a copy of the same for publication.

The regular order of proceedings, according to the by-laws, having been suspended, the committee on nominations for fellowship reported (at various stages of the meeting) the names of the following gentlemen, whom they had found worthy and eligible under the constitution and code of ethics, and they were all unanimously elected fellows of the society.

Dr. Blair Burwell,	- -	Richmond.
E. C. Drew,	- -	"
A. J. Terrill,	- -	Henrico.
Ed. A. Cole,	- -	Orange.
W. H. Millnor,	- -	Richmond.
A. A. Graham,	- -	Lexington.
T. C. Gordon,	- -	Essex.
J. L. Woolfolk,	- -	Orange.
M. L. Mayo,	- -	Goochland.
M. L. James,	- -	"
J. F. Carter,	- -	Richmond.
Jos. Michaux,	- -	Powhatan.
Saml. Hobson,	- -	"
Rob. S. Beazley,	- -	Greene.
J. A. McLane,	- -	Monongalia.

Dr. HAXALL, from the committee on the prize essay, made the following report, which was unanimously adopted:

The committee appointed to award "a medal or some suitable testimonial not to exceed fifty dollars in value, for the best essay on some medical subject," beg leave to make the subjoined report.

In compliance with the advertisement of the committee, two essays were received by the chairman within the time specified. These have been most carefully examined, and the committe are unanimous in awarding the prize to the essay *on the nature and varieties of intermittent fever.* The motto selected was from Shakspeare's King John, and reads as follows:

"Before the curing of a strong disease,
Even in the instant of repair and health,
The fit is stongest; evils that take leave,
On their departure, most of all show evil."

While the committee do most cheerfully award the premium to this essay, believing it to be highly creditable to the writer, they do not think it out of place to express their regret that the conclusions arrived at have not been sustained by an exact numerical analysis of recorded cases. These conclusions have doubtless been drawn from direct observation; and had not the feature just alluded to been omitted, it would have given a degree of completeness to the essay which we think not undesirable.

The note accompanying the essay will now be opened, and the writer's name announced.

Ro. W. Haxall, M. D., *Ch'n.*
Jas. L. Cabell, M. D.
James Bolton, M. D.

Upon opening the accompanying note, the writer was found to be Dr. J. F. Peebles of Petersburg.

A motion was made that the essay should be read, but it being suggested that it would occupy too much time, it was rejected.

The publishing committee were instructed to have the essay published in the Stethoscope, and as many extra copies printed as they should think proper.

The treasurer presented his report, which was read and referred to an auditing committee of three, Drs. Little, John Dove and Mills.

In compliance with the requisitions of the constitution, the undersigned respectfully reports, that the disbursements from the treasury since the last annual meeting of the society have amounted to - - - - - 381 25
That he has received from fellows during the same period, - - - - - 222 00

And that there is therefore a balance due the treasurer, of - - - - - $159 25

He regrets to have occasion to exhibit an increase in the deficiency of his department since his last report. On comparing his account for the past year with that of the preceding year, it will be observed that while the expenses have not materially increased, the income of the society has fallen off seriously.

It has become, therefore, a matter of grave consideration for the society to devise more effectual means for replenishing its treasury and maintaining it in such a condition as will enable your officer to meet the demands upon it without encroaching upon his private resources.

The organization of the medical men of the state cannot be less important to the welfare of the profession than it has been heretofore; and surely no means have yet been devised so admirably adapted to this purpose as the chartered Medical Society of Virginia. When we recall the enthusiasm displayed at previous conventions in favor of organization, and their uniform decision in favor of this body as the most effective means of accomplishing it, we cannot believe that any change of sentiment has occurred. We must attribute the present apathy of most of our fellows, and of the profession at large, to the natural tendency of the human mind to remain in a state of indifference to the most important subjects, and when roused to a sense of duty, to make merely spasmodic efforts and then to subside into its former condition. Something is needed which will act as a constant and varied stimulus to awaken attention and keep up a steady, well sustained effort. For such a purpose, nothing appears so well adapted as the society's monthly journal, furnishing the medium of frequent intercommunication between its fellows in regard to the policy which should govern its proceedings, and of diffusing information in regard to its affairs.

By this means the fellows of the society may be more strongly impressed with, and more frequently reminded of, their duty to sustain the society, by the payment of the small assessment required for carrying on its operations.

It will also assist in diminishing materially the current expenses of the society. It will be perceived on looking over the accounts of the past year that about one-half the expense has been incurred for printing its proceedings and other papers for distribution. All these may hereafter be published in its own journal, and only a moderate number of extra copies will be required to supply those who may not subscribe to it. Notwithstanding, therefore, the treasury is now indebted to the subscriber to the amount of nearly $160, and the further sum of $50 will have to be promptly paid to the author of the prize essay, he does not propose that the small annual assessment of one dollar be increased.

In order to prevent any misunderstanding which may arise in consequence of the unfavorable exhibit of the present condition of the society's finances, the treasurer desires it to be dis-

tinctly understood that no part of this debt has been incurred on account of the purchase of the Stethoscope.

All which is respectfully submitted.

JAMES BOLTON, *Treas'r.*

Richmond, April 4, 1854.

The special committee to whom was referred the difficulty between Drs. Bolton and Chamberlayne having been called upon to report, Dr. BOLTON withdrew the charges he had brought against Dr. Chamberlayne, in consequence of his death. The report having been ordered to be read, Dr. McCAW, on behalf of the chairman, made the subjoined report:

The undersigned, the committee to which the following resolution of the Medical Society of Virginia, passed at its late meeting in Charlottesville, was referred, to wit:

Resolved, that the difficulty of which Dr. Bolton complains as existing between himself and Dr. Chamberlayne (both fellows of this society) be referred to a committee consisting of Drs. William A. Patteson, James B. McCaw and George Minor, who shall examine into and report upon all the facts connected therewith, to the society at its next annual meeting—report, that the precept of the society was duly received, but before the parties were notified thereof, or any steps taken in the premises, Dr. Chamberlayne was removed from among us by death; and the committee considering the whole subject matter referred to them as concluded by that event, ask now to be discharged.

Respectfully submitted.

WM. A. PATTESON, M. D.
JAS. B. McCAW, M. D.
GEORGE G. MINOR, M. D.

The report was adopted and the committee discharged.

The following report was submitted by the librarian and received by the society:

Your librarian begs leave to report that no material addition has been made, either by purchase or donation, to the library since your last annual meeting. By donation, we have received from the Hon. John S. Caskie a copy of Owen's Geological Survey, and the Patent Office Agricultural Report for 1852. From Dr. P. C. Gooch, Taylor's Medical Jurisprudence. From Dr. S. S. Purple, the New York Journal of Medical Science for the present year. From Dr. T. P. Atkinson, Experiments upon the Human Bile, by Dr. McClurg.

We have many valuable books and journals, which have been presented to us or obtained by subscription, which should be bound for preservation.

Owning as the society now does the Stethoscope, we may expect in a few years to obtain a valuable addition to our library from books sent to that journal for review. Dr. Gooch has a very valuable library obtained from this source alone. In the February number of the Stethoscope I issued a circular, soliciting donations of books, etc. to our library. No material aid has been as yet obtained from this solicitation. No journals have been subscribed to for the present year.

All of which is respectfully submitted.

PETERFIELD TRENT, *Librarian.*

It was then moved and agreed to, that the society should proceed to the election of officers for the ensuing year.

Dr. P. C. GOOCH moved to reconsider the vote with a view that the president might be selected from whatever place the society should determine to hold its next semi-annual meeting. The motion to reconsider was lost, and the society proceeded to the election of officers.

Drs. Carter P. Johnson, H. C. Worsham and J. J. Thweatt were nominated for president.

Dr. CARTER P. JOHNSON of Richmond city was elected on the first ballot.

The ballot for vice presidents resulted in the election of the following gentlemen:

Dr. F. H. Deane, Richmond city,	1st	vice president.
Ro. W. Haxall, do.	2d	"
J. J. Thweatt, Petersburg,	3d	"
F. T. Stribling, Staunton,	4th	"
Jas. A. Leitch, Charlottesville,	5th	"
H. C. Worsham, Dinwiddie,	6th	"

In the absence of the president elect, Dr. Ro. W. HAXALL, one of the vice presidents, took the chair.

Drs. R. K. Taylor, Parker and Hancock were appointed a committee to wait upon Dr. JOHNSON, and inform him of his election.

For recording secretaries, Dr. P. C. Gooch and Carthon Archer were put in nomination. On the first ballot, Dr. Archer was elected.

For assistant recording secretary, Drs. Lewis, Mayo and Parker were severally nominated.

Dr. LEWIS was elected on the second ballot.

Dr. T. P. Atkinson moved that the society should adjourn until 4 P. M. It was lost.

Drs. W. D. Haskins and P. C. Gooch were put in nomination for corresponding secretary.

On the first ballot Dr. Haskins was elected.

It was moved and carried that when the society adjourns, it shall adjourn to meet at 5 P. M.

Drs. Roddey, Bolton and Trent were then re-elected to their respective offices of assistant corresponding secretary, treasurer and librarian.

The ballot for members of the executive committee and the committee on nominations for fellowship resulted in the election of the following gentlemen:

Executive Committee.

Drs. R. G. Cabell, James B. McCaw, J. A. Cunningham, A. T. B. Merrit, C. S. Mills—and ex officio the officers of the society.

Committee on Nominations for Fellowship.

Drs. Ro. W. Haxall, F. H. Deane, J. A. Cunningham, George Minor, George A. Otis.

Dr. G. A. Otis made some remarks in relation to the number of members composing the executive committee, and expressed an intention of offering a motion to change the constitution in that respect.

The treasurer reported that he had received letters of resignation from Drs. Charles Minor, Browne and Botts. Their resignations were accepted.

It was moved and carried that the society adjourn till 5 P. M.

AFTERNOON SESSION.

The president, Dr. C. P. Johnson, took the chair and returned thanks to the society for the honor conferred upon him.

The regular order of business being the continuation of the election of officers, on motion of Dr. Haxall, the election of the committee on publication was postponed until the election for editors of the Stethoscope.

The following gentlemen were nominated for the places of nonresident honorary fellows, and unanimously elected, viz:

Dr. Austin Flint,	- -	Buffalo. N. Y.
Willard Parker,	- -	New York.
C. A. Pope,	- -	St. Louis, Mo.
Marshall Hall,	- -	England.

For resident honorary members no nominations were made.

The following gentlemen were appointed delegates to the American Medical Association for 1854:

Ashby, C. W.	*Alexandria.*	Otis, G. A.	*Richmond.*
Atkinson, T. P.	*Danville.*	Patrick, S.	*Kanawha.*
Beale, James,	*Richmond.*	Payne, A. S.	*Fauquier.*
Browne, O. A.	*Greenesville.*	Peebles, J. F.	*Petersburg.*
Claiborne, H. J.	*Petersburg.*	Powell, F. W.	*Winchester.*
Garnett, T. S.	*Westmoreland.*	Spitler, Adam,	*Upshur Co.*
Gooch, P. C.	*Richmond.*	Thweatt, J. J.	*Petersburg.*
Houston, R. H.	*Wheeling.*	Trent, P.	*Richmond.*
Jones, W. F.	*Petersburg.*	Upshur, G. L.	*Norfolk.*
Joynes, L. S.	*Accomack.*	Walton, R. P.	*Cumberland.*
Logan, J. P.	*Culpeper.*	Walke, J. W.	*Chesterfield.*
Madison, R. L.	*Petersburg.*	Wellford, J. S.	*Fredericksburg.*
Mayo, T. P.	*Richmond.*	Worsham, H. C.	*Dinwiddie.*
Merritt, A. T. B.	*Richmond.*		

Dr. P. C. Gooch offered the following, which was adopted:

Resolved, that any vacancies which may occur in the delegation at St. Louis, may be filled by whomsoever may be selected as the chairman of the delegation.

On motion, the assessment for the current year was deferred for the present.

Dr. Bolton, from the committee on the medical journal, presented the following report, which was received:

The undersigned committee, appointed at your last semi-annual meeting, to establish a medical journal, which should be the property and organ of the Medical Society of Virginia, respectfully report:

That under the instructions then given us, we had interviews with the proprietors of the two journals published in Richmond, with the view of ascertaining which of those periodicals could be purchased on terms most advantageous to the society. We were courteously received by the proprietors, and after having duly considered the exhibits and offers made by them, we were satisfied that we would be complying with our instructions and promoting the best interests of the society, by purchasing the Stethoscope, which was finally effected on the following terms:

The debt of the Stethoscope, amounting to $2,000, and due to the publishers, Messrs. Ritchies & Dunnavant, was assumed by the society. In addition to which it was agreed to pay the proprietor, Dr. Gooch, the sum of $500, at the end of two years, with interest from the date of contract—making $2,500.

To meet these liabilities, we had transferred to the society, the debts due the Stethoscope for subscription and advertising, amounting to a like sum of $2,500. In addition to this, there are between ninety and one hundred series of three volumes each of the work now the property of the society, and a list of somewhat over seven hundred subscribers, which has subsequently been increased to seven hundred and fifty.

Soon after the purchase, the journal was sent to such fellows of the society as were not then subscribers, urging their support, and requesting those who might decline to become its patrons, to return the numbers forwarded. It is now forwarded regularly to one hundred and fifty fellows, who have not thus far refused to remain on the list; so that the present number of subscribers may be safely put down at nine hundred; which we feel confident may be still further greatly increased by proper efforts on the part of the friends of the journal.

By the liberality of the publishers, who have ever felt a deep interest in the success of the enterprize, we were enabled to make the following arrangement, by which it will be seen that the treasury of the society is secured against all responsibility on the score of the past as well as the future debts of the Stethoscope, which may accrue until the entire amount of indebtedness shall be paid.

By this arrangement, herewith presented, it was agreed that the books of the Stethoscope should be placed in the hands of Messrs. Ritchies & Dunnavant, and that they will use all reasonable diligence in making collections, for which service no charge is to be made, over the actual expenses which may be necessarily incurred. In addition to this, they have agreed to pay twenty-five per cent. of the net profits of the journal, as a compensation to a financial editor, to be elected by the society, and to meet incidental expenses.

The financial condition of the journal will be readily understood by the following statement:

Amount due Ritchies & Dunnavant, -	$2000 00
" " Dr. Gooch, payable in two years,	500 00
	$2500 00
Cr.—By amount due the Stethoscope,	$2500 00

The following is the estimate for the next two years, on the supposition that the list of subscribers will remain as at present:

Dr.—To cost of publishing 1250 copies per year, $1600, say for two years, -		3200 00
Interest on debt to Dr. Gooch, -		60 00
		$3260 00
Cr.—By subscription, 900 copies, at $2700 per annum, say for two years, -		5400 00
By amount received for advertisements, $300 per annum, - -		600 00
		$6000 00
Deduct amount of expenses, -		3260 00
		$2740 00

From the above exhibit it will be seen that it may be reasonably expected that there will be in the treasury, at the end of the second year's operations, the sum of $2740, deducting bad debts. This calculation is based on the very improbable supposition that the list of subscribers will not be increased beyond its present limit. Your committee are satisfied, however, from information received from many portions of the state, that our professional brethren generally feel a great interest in the success of the journal, and that by their active efforts in its behalf, the number of its subscribers will be greatly enlarged. We would urge on all its friends the necessity of not only sending in their names, but of forwarding their well written *contributions* to its pages.

Th. P. Atkinson,
F. W. Roddey,
James Bolton.

Articles of Agreement, made and entered into this 27th day of January 1854, between Thomas P. Atkinson, F. W. Roddey and James Bolton of the first part, they being a committee constituted and appointed by the Medical Society of Virginia, for the purpose of establishing a medical journal in the city of Richmond, for the benefit of said Society, and Ritchies & Dunnavant, publishers of the said journal, of the second part—witnesseth:

That the above named committee, Atkinson, Roddey and Bolton, have this day purchased from Doctor P. Claiborne Gooch the medical journal, called the "Stethoscope and Virginia Medical Gazette," together with the subscription list and all debts due thereto, be the same either for subscriptions or advertising; and in purchasing the said journal, they, the said

Atkinson, Roddey and Bolton, have assumed the payment of a debt due from Doct. P. C. Gooch to said Ritchies & Dunnavant, of two thousand dollars, the payment of which said debt is to be liquidated in the following manner and in no other, to wit: Ritchies & Dunnavant are to take charge of the subscription books of said Stethoscope and Virginia Medical Gazette, and to use due diligence in collecting all moneys now due and that may hereafter become due to the said Stethoscope and to the journal about to be published for the Medical Society of Virginia, for either subscriptions or advertising, until the sum of two thousand dollars is fully paid off; and when that sum is paid off, the said Ritchies & Dunnavant shall still retain the subscription books and collect as above stated, until they are fully paid for all the numbers that may be issued after the 31st December 1853, which will be a separate item, and independent of the two thousand dollars first named.

And should it be the desire of the said committee, or their successors, after the Medical Society of Virginia has fully paid the said Ritchies & Dunnavant the two thousand dollars first named, and for all the numbers subsequently printed, that they should continue to retain the books, and to collect as before, they, the said Ritchies & Dunnavant, reserve to themselves the right to say whether they will longer act in that capacity or not.

It is further understood between the parties to this agreement, that each number of the STETHOSCOPE, which is the title of the journal hereafter to be published by the Medical Society of Virginia, is to be printed on small pica type, the pages to be of the same size as the present Stethoscope and Virginia Medical Gazette, and of each number (which is to be published monthly) there are to be sixty-four pages, and one thousand copies printed; and that the said Ritchies & Dunnavant undertake and agree to print and to mail the same, furnishing everything necessary thereto, for the sum of one hundred and sixteen dollars and two cents each number. This price is fixed and ascertained by the following schedule, viz:

64 pages small pica, 1250 ems in the page, at 50 cents per 1000 ems, - -	40 00
2 pages common brevier, 2500 ems in the page, at 50 cents per 1000 ems, - -	2 50
32 tokens press work on 1000 copies, at 50 cents per token, - - -	16 00
4 tokens press work on cover, 1000 copies, at 50 cents per token, - -	2 00
Carried forward, -	$60 50

Brought forward, -	60	50
176 quires paper for 1000 copies, at $4 per ream, or 20 cents per quire, - -	35	20
11 quires of paper for cover, at $10 per ream, or 50 cents per quire, - -	5	50
Folding, stitching, covering and trimming 1000 copies, viz: folding 8000 sheets, stitching 1000 copies, covering 1000 copies, trimming 1000 copies, making 11000, at 12½ cents per hundred, -	13	75
Wrapping paper, 1½ ream for each number, at $1 25, - - -	1	88
Mailing 1000 copies, - - -	2	17
	119	00
2½ per cent. deducted, -	2	98
Cost of 1000 copies, -	$116	02

[Cost of composition $42 50.]

It is further understood, that should the above named committee, or their successors, increase the size of the pages, or print on smaller type than small pica, or increase the number of pages beyond 64, or extend any one number beyond 1000 copies, the charges of Ritchies & Dunnavant will be increased in proportion to the increase of their costs. For instance, if more than 1000 copies of a number be published, containing the same number of pages, and on the same type as the present Stethoscope, then (the cost of composition having been deducted) each additional copy that may be printed over 1000, shall be furnished at the cost of 7 and $\frac{35}{100}$ cents per copy, or $7 35 per 100 copies; but if the size of the pages be increased, or smaller type be used, or the number of pages be extended beyond 64, then Ritchies & Dunnavant shall have the right to charge for their additional costs, and no more.

It is further understood, that for all standing matter, the composition of which has been previously charged, the price of *composition* of the same shall be deducted from the $116 02, and such matter shall be transferred to the pages of the said medical journal, free of any expense to the Medical Society of Virginia.

It is further understood, that the said Ritchies and Dunnavant will make no charge for any moneys received or disbursed by them, but they shall have the right to pay out of the funds of the Medical Society of Virginia any necessary contingent expenses that may arise to carry on said business:

such as printing blank accounts, assistant clerk hire, blank books, and per centage to collectors; (which collectors, if any, shall be appointed by or with the consent of said committee, or their successors;) all of which shall be charged to the expense of publication. The subscription books shall at all times be open for the inspection of the committee, or their successors. The said Ritchies & Dunnavant shall keep a separate book, other than the subscription book, showing the amount received and disbursed by them for the Medical Society of Virginia, which book shall also be open to the committee, or their successors, whenever they may desire to see the same; and shall make quarterly statements to said committee, showing the expenses of the publications for the quarter, and the amount of cash received.

The above named committee agree to become volunteer agents to solicit subscribers and receive subscriptions to the above mentioned journal, and to make regular returns to Ritchies & Dunnavant of all new subscribers, and all moneys received by them on account of either subscriptions or advertising, and to give the name and address of all who may hereafter become subscribers, or may discontinue their subscriptions, or pay money for the medical journal, be the same for subscription or advertising, free of any charge whatsoever by the said committee, or either of them.

In testimony whereof, all the parties to this agreement have hereunto set their hands and affixed their seals the day and year first above written.

THOS. P. ATKINSON, (SEAL.)
F. W. RODDEY, (SEAL.)
JAMES BOLTON, (SEAL.)
Committee of Med. Society of Va.

RITCHIES & DUNNAVANT, (SEAL.)

The words "the price of composition of the same shall be deducted from the $116 02, and such matter" have been interlined on the third page before siguing.

Dr. PETICOLAS moved that the report be referred to a special committee of five, with instructions to report upon it as speedily as possible.

Dr. T. P. ATKINSON moved as an amendment, that it be referred to a committee of the whole.

After some discussion, in which many members participated, the motion and amendment were both withdrawn, and a motion was made by Dr. J. G. CABELL, and carried, that the report of the committee, and the contract with Messrs. Ritchies & Dunnavant, be printed for the use of the members.

On motion of Dr. Gooch, the farther consideration of the subject was postponed for the present, and made the order of the day for 12 o'clock M. the next day.

On motion of Dr. R. Wellford, it was resolved that the next semi-annual meeting of the society should be held in the city of Petersburg.

The following amendments to the constitution were offered by D. J. G. Cabell, which were ordered to lie on the table till the semi-annual meeting of the society, viz:

Art. iii, § 1. All the fellows of the society (honorary and life members excepted) shall, at the time of their admission, pay an initiation fee of two dollars, and shall also pay such annual contributions as may be prescribed from time to time by the by-laws.

§ 2. Any fellow who may present the treasurer's receipt in full for his past dues, may become a life member by the payment of twenty dollars at any one time. Any fellow, who may be elected on and after the 4th day of April 1854, shall, by the payment of twenty dollars at the time of his admission, be exempted from the payment of the usual initiation fee and annual contributions. The amounts received for life membership shall be set apart and invested in some permanent fund for the benefit of the society.

Art. v, § 1. Any fellow who shall have complied with § 2 of art. 3, shall be entitled to receive a certificate of membership without further charge.

On motion, the society adjourned to meet to-morrow morning at 11 o'clock.

WEDNESDAY, April 5.

The society met at 11 A. M.—the president in the chair.

Dr. J. W. Walke announced the death of Dr. Lewis W. Chamberlayne, an honorary member of the society. After passing a just and handsome eulogy upon his professional attainments and services, he concluded by offering the following resolutions, which were unanimously adopted:

1. Resolved, that in the death of Lewis W. Chamberlayne, late professor of materia medica in the medical department of Hampden Sidney college, and for a long term of years an honorary and distinguished member of this body, the Medical Society of Virginia has lost one of its brightest ornaments.

2. Resolved, that we tender our warmest sympathies and condolence to his family in their affliction.

3. Resolved, that a copy of the foregoing resolutions be directed to the family of the deceased.

On motion of Dr. T. P. Atkinson, it was resolved, that the subject of the next prize essay should be "pneumonia," and the president was directed to appoint a committee of three to award the premium: David H. Tucker, Richmond, John S. Davis, University of Va., John J. Thweatt, Petersburg.

Dr. Bolton, from the committee on quack medicines, made a report, which was received.

Dr. W. D. Haskins made a motion that the report be laid upon the table, and the committee discharged, but subsequently withdrew it.

Some farther discussion ensued as to the disposition to be made of it, but the hour having arrived for taking up the report on the Stethoscope, the subject was passed over.

The regular order of business having been suspended to receive the report of the committee on nominations for fellowship, Dr. T. P. Atkinson offered the following, which was unanimously adopted:

Resolved, that the members of the society, now present, do hereby pledge themselves to each other, that they will not receive under their instruction, as a student of medicine, any individual, who may be grossly deficient in either the mental or moral endowments or in that preliminary education which is necessary to fit him for entering a profession requiring high intellectual and moral qualifications; and that we respectfully and earnestly recommend to our brethren throughout the state to adopt a similar rule of action.

The order of the day being resumed, Dr. Worsham moved that it be postponed till 4 P. M. The motion was subsequently withdrawn.

Dr. Parker moved that it be postponed till 1 o'clock P. M. The motion was lost. Dr. T. P. Mayo renewed the resolution offered by Dr. Worsham, with the amendment that it be postponed till 5 o'clock P. M. This was decided in the negative by a large majority.

Dr. R. A. Lewis moved that the report be adopted. After some discussion, Dr. Gooch moved that the motion of Dr. Lewis be laid upon the table, and that the meeting resolve itself into a committee of the whole to consider the report. After some discussion, this motion was lost.

After a long discussion, in which several members participated, Dr. G. L. Upshur offered the following preamble and resolutions as a substitute for the one offered by Dr. Lewis:

Whereas it appears from the report of the special committee appointed by the society at its meeting in Charlottesville,

to establish a medical journal as the property of the society, that however ably conducted this journal has been, or may be, the result may involve the society in a large debt; and whereas, in view of what has already occurred, it is evident that a journal owned and controlled by the society, by coming into competition with private enterprises of the same kind, conducted by fellows of the society, bad feelings heretofore unknown among us, will retard and ultimately prove subversive of the objects of the society, therefore:

1. Resolved, that the report of the committee be adopted.

2. Resolved, that a committee of three be appointed, with full authority to dispose of the Stethoscope upon the best terms, and apply the proceeds to the liquidation of the debt which may have been incurred in the purchase and conduction of this journal, so far as they go, and that the treasurer be authorized to make up the deficit of indebtedness from any money in his hands not otherwise appropriated. The substitute was rejected by a vote of 32 against 23. The report of the committee was then adopted.

On motion of Dr. WORSHAM, the committee were instructed to have the contract with Messrs. Ritchies & Dunnavant amended.

The society then took a recess till 5 P. M.

AFTERNOON SESSION.

The PRESIDENT took the chair at half past 5 P. M.

The election of editors of the Stethoscope for the present year being the regular business, Dr. D. H. TUCKER moved that instead of a corps of seven editors, there should be two chosen with a salary of four hundred dollars each.

After a discussion, in which Drs. TUCKER, ATKINSON, GOOCH, WORSHAM, PARKER, BOLTON and GORDON participated, the motion was lost.

The society then proceeded to the election of editors of the Stethoscope, which resulted in the election of the following gentlemen: T. P. Atkinson, Ro. W. Haxall, James Bolton, A. T. B. Merritt, R. A. Lewis, G. A. Wilson, Edward G. Higginbotham.

Dr. P. C. GOOCH offered the following, which were unanimously adopted:

1. Resolved, that the selection of each department of the editorial duties for the individual editors be left to the corps,

and that the corps be instructed to appoint one of its number, who shall act as the business editor.

2. Resolved, that any vacancies which may occur in the editorial corps shall be filled by the executive committee until the succeeding meeting of the society.

The following was offered by Dr. T. P. Atkinson, and unanimously adopted:

Resolved, that the business editor shall be paid for his services such sum as the executive committee may deem proper, from the money which the publishers shall pay over to the treasurer of the society as 25 per cent. of its net profits.

Resolved further, that the said editor shall keep his office in the hall of the society.

Dr. Parker moved that the name of the journal be changed to that of the "Monthly Journal of the Virginia Medical Society."

Dr. Upshur moved as an amendment that it should be published quarterly under the name of the "Quarterly Journal of the Virginia Medical Society." After some discussion, in which several members participated, the motion and amendment were both withdrawn.

Dr. H. C. Worsham offered resolutions returning thanks to Messrs. Ritchies & Dunnavant for the liberal terms on which they had agreed to publish the society's journal, recommending to the support and patronage of the profession the Stethoscope, and also one recommending the Virginia Medical and Surgical Journal. Some of the members having expressed an unwillingness to vote for that resolution unless the editors would pledge themselves to make no unfriendly remarks upon the Stethoscope, Dr. Otis refused giving any pledge, and declined the recommendation if that was required of him.

Dr. Worsham then withdrew the third resolution.

Some discussion ensued, in which several fellows participated.

Dr. L. B. Anderson offered the following as a substitute:

Resolved, that we earnestly recommend to the support and patronage of the medical men of the state the Stethoscope and the Virginia Medical and Surgical Journal as equally worthy of their cordial support.

On motion of Dr. J. B. Anderson, the resolutions and substitute were indefinitely postponed.

Dr. W. W. Parker moved that a committee of three be appointed to address the profession of the state in reference to the journal established by the society.

It was laid upon the table on motion of Dr. Bolton.

Dr. Bolton moved that the assessment of the present year be fixed at one dollar.

On motion, the society adjourned to meet in Petersburg on the 4th Tuesday of October next.

The President made some remarks in regard to the business of the meeting, and declared it adjourned.

Carthon Archer,
Rec. Sec. of Va. Med. Society.

LIST OF EXCHANGES FOR APRIL.

Dublin Quarterly Journal for Medical Science. Dublin Medical Press. American Journal of the Medical Sciences. Boston Medical and Surgical Journal. New Hampshire Journal of Medicine. Kentucky Medical Recorder. Medical Chronicle or Montreal Monthly Journal. St. Louis Medical and Surgical Journal. Southern Medical and Surgical Journal. Philadelphia Medical and Surgical Journal. New Orleans Medical News and Surgical Journal. N. York Medical Times. New York Medical Gazette and Journal of Health. Memphis Medical Recorder. Buffalo Medical Journal. New Jersey Medical Reporter. Southern Journal of the Medical and Physical Sciences. Georgia Blister and Critic. The Medical News. Nashville Journal of Medicine and Surgery. The Medical Examiner. New York Journal of Pharmacy. Peninsular Journal of Medicine. Iowa Medical Journal. Western Journal of Medicine and Surgery. New Orleans Medical News and Hospital Gazette. Southern Literary Messenger. American Lancet. The Southern Planter.

BOOKS, ETC. RECEIVED.

Theory and Practice of Medicine, by William J. Cocke, M. D.—From the author.

Lectures on the Diseases of Infancy and Childhood, by Charles West, M. D.—From the publishers, through J. W. Randolph.

Elements of Human Anatomy, (general descriptive and practical,) by T. G. Richardson, M. D.—From the publishers, through James Woodhouse.

Eleventh Annual Report of the Managers of the State Lunatic Asylum of the State of New York.

Report on the Health and Mortality of the City of Memphis.

ERRATA.

Page 212, line 28, for "moved" read "lived."
Page 217, line 17, for "affected," read "indicated."



Lith. of Ritchies & Dunnavant Richmond, Va.

W. Wirt

THE

STETHOSCOPE.

THE PROPERTY AND ORGAN OF THE

MEDICAL SOCIETY OF VIRGINIA.

Edited by a Committee of the Society.

VOL. IV. RICHMOND, VA., JUNE 1854. NO. VI.

Hemorrhage in Abortions.

Cases of abortion are frequently met with in which there continues a tedious, debilitating, and (to the patient at least) alarming hemorrhage, after the ovum is supposed to have passed. The young practitioner may conclude that the placenta, as well as the fœtus, has been discharged either by relying upon the information of attendants, or by having himself seen what he supposed was the whole afterbirth. I have never yet, however, that I am aware of, met with a case in which there was, in the earlier months, any hemorrhage after a clear delivery of the ovum. In every instance in which it continued after the supposed delivery, I have ascertained that a piece or pieces of the placenta or a portion of membrane had been retained.

In these cases I have found medicines of very little use; indeed, often more inconvenient than useful. Generally the mouth, or perhaps more properly speaking, the *neck* of the womb is too much contracted to allow the introduction of more than one finger; and frequently too much so for that. If a finger can be introduced, the placenta, or a portion of it, may be found presenting, or it may not be felt. When it can be reached by the finger, it may often be drawn out, a piece at a time, by hooking the finger around it. When it could not

be delivered in this way, I have known astringents, opiates, cold water, ergot, &c. to be used in vain. Any effect they had was merely temporary. Dewees' hook would in such cases be generally unavailable, as it could not take sufficient hold to overcome the resistance of the womb, and would, therefore, tear out. Nor am I disposed to think much more highly of Doctor Bond's forceps; as it seems to me that whenever they could be employed, the object would be more safely and easily effected by carefully introducing the hand into the vagina, and one or two fingers into the womb. Such has been my practice.

When the delivery cannot be safely and readily effected by manual assistance, I should pronounce the tampon the appropriate remedy. It arrests the hemorrhage; and, by causing a certain amount of blood to accumulate and coagulate within the uterus, it seems to facilitate its healthy and efficient action. In a day or two after its introduction, I have uniformly found the offending cause (whether it were the afterbirth, or a portion of it only,) lying in the vagina, or in the relaxed mouth of the womb; or it had been expelled together with the tampon, by a strong uterine effort, or whilst the patient was on the night vessel.

A few cases will be briefly given in illustration of these views:

Several years ago the writer was called in consultation to a case under the care of a medical friend, who stated that about a week before, the patient, a delicate lady, had miscarried at the third month; and that she had had more or less hemorrhage ever since, and was then becoming very weak. He had used various remedies in his efforts to arrest it, but in vain. He was asked if the afterbirth had passed. He said yes, that he had seen it himself, and felt assured that the whole of it had come away. He did not think he could be mistaken about it, that the patient was in an erect posture when it dropped from her. He was so positive as to the corrrectness of his observations, that I felt a delicacy in proposing an examination; and contented myself with suggesting some additional medicines, cold water, &c. These were faithfully administered, but their effect was merely temporary. On my next visit I expressed the opinion that possibly, as the lady was in an erect posture when the afterbirth was passed, the womb may have grasped a portion of it, from which the rest broke away by its weight in falling; and therefore proposed an examination. The os uteri was found soft, bathed in blood, and patulous; but the neck was contracted, so that the forefinger could be only partially introduced. Some

pieces of placenta, in a putrid condition, were found presenting, which were with difficulty hooked out. Others were felt that could not be brought away. The tampon was then applied, and the next day nearly all of the remaining portions, in very small pieces, were taken away, several of them being found in the vagina. The patient, though better now, was not entirely relieved until the day after, when a few more crumbs were taken away, and the hemorrhage ceased. What struck me forcibly in this case, and some others that I had previously attended, was, that until the last portion of placenta was passed, the os uteri continued soft and patulous, with blood continually oozing therefrom; but when that had occurred, it immediately became firm, closed, and comparitively dry.

In the course of the last year I was called to a woman who had miscarried after the fourth month. She was suffering with violent pains, accompanied with considerable hemorrhage. Herself and her attendant thought the secundines had been discharged, and upon making an examination I could feel nothing presenting. As her general health was bad, it was thought possible that the hemorrhage was kept up from that cause, and such medicines as appeared to be indicated were prescribed. The uterine symptoms were no better the next day, which confirmed a suspicion that a portion (at least of afterbirth) was retained. The tampon was then applied, an anodyne administered, and the patient assured that she would soon be relieved. In the course of the following night the tampon and a large piece of placenta incased in clotted blood were thrust out by one strong effort of the womb, and immediate relief of all the symptoms followed.

During the last month a lady who had been pregnant just four weeks was taken, after some extraordinary fatigue, with quite an abundant flow from the uterus. Though this was out of time by one week, and preceded by feelings of unusual discomfort, she still thought it was only a return of her menses. It continued pretty free for about five days, when there escaped from her whilst on the night vessel an ovum a little over an inch long, perfectly white, excepting a spot at one end, and covered externally with the chorion. As this was something she did not understand, it was shown to me. The nature of the case was explained to her; and as the hemorrhage still kept up, I informed her that I presumed there was a membrane (the decidua) to be discharged, and when that happened she would no doubt be relieved. I begged her, at the same time, carefully to watch for it, and to show it to me when it had passed. The next morning about day it was dis-

charged, and the hemorrhage ceased entirely. This case was not deemed serious enough to call for the use of the tampon; but is considered strikingly to sustain the position, that when the flow continues in abortions of the earlier months, it is an evidence that some portion of the secundines is yet to be passed.

Now, though the result of my experience is as above stated, it would be rash in me to lay it down as an invariable rule; neither is it pretended that there will be hemorrhage in every case in which there is retention. In this latter respect there is a marked difference in different patients, as is still more strikingly displayed in labors at the full time. At this period the wombs of some persons will commence flooding as soon as the afterbirth is detached, and even after it is delivered, will continue to pour out blood in a dangerous quantity unless kept in the *firmest* state of contraction for a day or two afterwards. In the majority of cases, however, when an individual has had two or more children, the uterus will after delivery alternately expand and contract without any other effect than the usual afterpains and lochial discharge. The practitioner observing this, will not think it necessary in all cases to observe the rule of Dr. Dewees, which requires that he shall not leave the bedside of his patient until the uterus is permanently contracted. A prudent man, however, will satisfy himself well upon these points before leaving his patients.

P.

The Beneficial Influence of Vaccination in Whooping Cough.

BY JOHN P. LITTLE. M. D., OF RICHMOND.

Having been in the habit, for some time past, of vaccinating every patient with whooping cough to which I might be called, and having always found that if the patient had not been previously vaccinated with care, its system could be readily brought under the influence of the vaccine virus, and that this influence was always beneficial to the previously existing disease, I wish to report my own experience in this matter, that it may be combatted if erroneous, or adopted if correct.

It is in the second period of whooping cough, when, after from five to twelve days of what appears to be a cold accompanied with more or less cough, the child begins to whoop, that,

in my opinion, this remedy becomes so useful. This second stage or period of convulsive cough may last from three or four weeks in favorable cases, to a couple of months in unfavorable ones; and this period is the time of chief danger in whooping cough.

I have never vaccinated in the very beginning of the disease, because the physician is rarely called in until the child has begun to whoop, and then the disease has passed the period of incubation. In all cases where the virus would affect the system I have found decided benefit from its use. And it has been employed alike in the begining of the second stage immediately on having the first whoop and in the midst of this stage when the convulsive cough threatened to destroy the child in every paroxysm. In some cases, where the patient was feverish, an active purgative of castor oil given the night before vaccinating, has, by diminishing the fulness of system and removing the excitement of fever, rendered the patient more susceptible to the influence of the virus. The duration of the disease is not diminished, the severity is decidedly mitigated, and this mitigation of symptoms has been perceived as soon as the second or third day after vaccination. That is as soon as the virus can have begun to make impression.

My reason for vaccinating as soon as the whoop is perceived and not before, is, that apart from the difficulty of deciding upon the character of the disease before the whoop is heard, it would be better to use this remedy in that period of the disease when a remedy is most needed. Under favorable circumstances, this period of convulsive cough lasts two or three weeks, and the vaccine influence lasts about as long. By using this mitigating influence, therefore, at the beginning of this second period, we have it exerted in the most important part of the disease, and for a length of time equal to the favorable duration of that portion of the complaint. Vaccination in my opinion does not remove the cough or cut short the disease; it renders it milder and prevents an unfavorable character from arising.

The chief difficulty met with has been found to be that most children are vaccinated very early, and consequently, when suffering from whooping cough, will not be affected by the vaccine virus. It has become a rule with me not to vaccinate, where I have control, until the child is laboring under whooping cough. The vaccination is thus made to serve a double purpose; mitigating one disease, and preventing another.

There is very little danger of an infant's becoming affected

with small-pox in this country. The disease rarely prevails in the natural way; and inoculation, by which it was formerly spread and kept in existence, is not now practiced among us. Much suffering might be removed, and perhaps the lives of many children preserved, that now die in paroxysms of coughing, if vaccination was delayed until the child should be affected with whooping cough! As to the mode by which vaccination acts beneficially in this complaint, I am not now fully prepared to say. By setting up a new influence in a system already affected by another, it may diminish the original affection. Vaccination also produces in some cases an abundant eruption, and therefore in all, some affection of the surface, whether perceptible or not. And this affection of the skin would be of itself beneficial in a disease that acted, as whooping cough does, upon the nervous system and upon the nervous membrane of the lungs.

The conclusions to which I have come from experience in this matter, are:

1st. Never to vaccinate a child until it has whooping cough, unless it runs great risk of being infected by small-pox. The lesser danger must of course give way to the greater.

2d. To vaccinate as soon as possible after it has been ascertained that the child has whooping cough.

Translated for the Stethoscope.

Expulsion of a false Membrane during the Menstrual Period---Treatment by means of Injections.

BY DR. CHARPIGNON, OF ORLEANS, FRANCE.

Madame X, after her third accouchement, to effect which manual aid became necessary, experienced a good deal of suffering at the succeeding menstrual period. Never before had she been subjected to a similar difficulty. Pains in the loins, distension of the abdomen, a sensation of weight in the hypogastrium and considerable fever, were the symptoms which preceded the menstrual flow. Upon the appearance of the sanguineous discharge, the pain became so severe as to cause her to keep her bed for a day or two; the discharge then became very abundant, and during its continuance a membranous production resembling a lacerated sac was expelled. After its expulsion the flow of blood gradually dimi-

nished, as well as the pain from which she had so severely suffered. At the end of five or six days, all the unpleasant symptoms completely disappeared.

This state of things continued for several years. Sometimes it happened that the menstrual periods were irregular in their return. A month or even two months would occasionally intervene between them. When this occurred, the severity of the symptoms was always aggravated. So severe were they that they could only be compared to the pains of labor: the abnormal production spoken of above might be found engaged in the neck of the uterus, where it would remain for one or two days. On one occasion the uterine neck was found to be considerably dilated, and with the foreign body in the act of passing, the case strongly resembled an actual abortion. I am positive, however, that no pregnancy existed.

The general health of the patient necessarily suffered. The pains in the loins, the tension of the abdomen, the sense of heat and weight in the pelvis became permanent, exercise speedily induced fatigue, and the slightest misstep or the jolting of a carriage produced severe pains in the pelvis, and particularly in the right iliac region. The regular expulsion of the membrane became more and more painful, and was followed by extreme lassitude. On two occasions, however, during the continuance of these symptoms, Madame X became pregnant, and her labors terminated happily.

The medical men who were consulted by this lady, without expressing any decided opinion upon the nature of her malady, advised continued rest, baths, and emollient vaginal injections.

A physician of Paris, who saw the patient, considered the disease to be an inflammation of the uterus, resulting in a plastic secretion analogous to false membrane, and advised her to be bled between each menstrual period; he also recommended baths and emollient injections.

Another gentleman regarded the morbid production as a sessile polypus of the uterine mucus membrane, and he resorted to the application of nitrate of silver.

The treatment by blood-letting was assiduously pursued for five months; but the patient grew worse instead of better. Then it was that the cauterizations which had been recommended were diligently used. The patient was somewhat comforted by these applications; but little effect was produced upon the local disease, and it is quite probable that the amelioration experienced was mainly due to the omission of any further bleeding and to a more generous diet.

Some months after this I became the physician of this

lady, and I have only to add a few observations in regard to the membrane expelled to what has already been detailed.

The membrane presented an uneven exterior, with numerous clots of blood scattered over the surface, and was about the size of a hen's egg. Freed from the blood which adhered to it, and its fragments brought into contact, (for it was rarely expelled entire,) the membrane formed a true sac somewhat triangular in form, the apex of which presented inferiorly. Its walls were from one to two millimetres in thickness; the external surface, that which had been attached to the interior of the uterus, was velvety in appearance, very vascular and bloody: the interior surface was smooth, and nearly white. When washed the membrane assumed a whitish color, and its network of vessels could easily be distinguished. The exterior surface was furrowed with anastomosing vessels, vascular tufts, so to speak, which clearly exhibited its numerous points of adhesion to the uterus. Placed in alcohol, the consistence of the membrane became more dense and firm; in boiling water it coagulated but imperfectly.

These different anatomical characters are indicative of an organized membrane having an abundant vascular system. But what was its mode of production? Was it a simple exudation of the uterine mucous membrane, organized by infiltration; or was it an exfoliation, a sort of detachment of this hypertrophied membrane, according to the opinion of some embryologists, who in this way explain the nature and formation of the membrana decidua?

We know there is some difference of opinion in regard to the nature of this deciduous membrame. Some, and we may place M. Velpeau among the number, look upon it as a false membrane without organization; others accord to it a veritable organization, but still consider it to be a secretion from the uterine mucous membrane. There are others, again, with whose opinion MM. Coste and Robin agree, who believe that it is this very membrane itself.

In the case which I have now related, there appears to me to be a perfect agreement with the opinion of those who regard the membrana decidua as an organized membrane. Not presuming, however, to assert that the abnormal membrane alluded to is the true uterine mucous membrane, I am led to regard it as a deciduous membrane, although no fecundation existed, and expelled during the menstrual period, when the ovule is detached from the ovarium.

The reiterated formation of the abnormal production of which we are now speaking, induced a train of symptoms which threatened to be very serious. The patient's mind was

constantly harassed with the most disquieting reflections. What is to become of this membrane when the menstrual evacuations shall have ceased? And inasmuch as its expulsion is always more difficult when one or two months have elapsed without its production, or the return of the menstrual flow, is there not reason to fear that when the uterus shall have ceased to exercise its function altogether, this adventitious membrane may continue to grow while yet enclosed within the organ?

In reflecting upon the treatment necessary to be pursued, it occurred to me that by acting directly upon the uterine mucous membrane, I might so modify its generating power as to check the formation of the morbid product. With this view, I determined to employ intra-uterine injections.

It was not, however, without some hesitation that I resorted to this mode of treatment, for its safety is questioned by many. But believing that the danger is chiefly owing to the manner of using these injections, I determined to proceed with great caution. By acting slowly and gently, I thought no risk would be incurred of throwing the fluid injected into the orifices of the fallopian tubes.

In the proceeding I used no speculum: it is inconvenient in its application, and many females object to it. With the index finger placed upon the os uteri to guide me, I could very readily introduce a metallic tube, to the free extremity of which a syringe was attached. This tube was pushed gently forward until, judging from the slight pain experienced by the patient, and some resistance in endeavoring to withdraw it, I found it had penetrated the internal orifice. I then injected two or three spoonsful of an infusion of marshmallow, of poppies, or a solution of extract of rhatany.

This operation was practiced fifty-five times in the space of four months, and three or four injections were thrown up each time, without removing the canula. The patient experienced but a slight degree of pain. On one occasion, however, the pain was more severe, and was attended with chilly sensations: this occurred two hours after using the injection. Topical emollients and rest were sufficient to remove it, and I suffered a week to elapse before renewing the applications.

A decided relief to her habitual sufferings was the result of this treatment. She could also walk with much more ease. As to the morbid production, it was modified, but not wholly prevented from forming. When expelled, it was found to be much thinner and far less red than on former occasions; and sometimes but very few shreds could be collected.

Had the treatment been continued for a longer period, I

think a perfect cure might have been effected. Had not the patient left me for a summer excursion, I had intended to use a mild solution of nitrat. argenti. She was so much better, however, upon her return to the city than she had ever been, and for other reasons, also, she declined all further efforts radically to relieve her.—*Gazette des Hopitaux.*

Dropsy of the Amnion.

BY JOSEPH KLAPP, M. D., OF PHILADELPHIA.

I observed in the April number of your journal a report of a case of dropsy of the amnion, as related by Dr. Lewis of Halifax, Va. Some few years ago I was requested by a gentleman of this city to visit his wife, who was, he supposed, in labor. I found her on my arrival suffering from great oppression of breathing, increased by lying down, and her abdomen distended to the size of one in the full period of pregnancy. She was, she informed me, but six months advanced; but as the pains of labor came actively on, I saw that there was no relief for her at present but by delivery. In a short time a dead fœtus, not over six months, was born, and with it was discharged an amount of water as great, if not greater, than I had observed at the full term. I did not, as my attention was otherwise engaged, notice whether there was any special disease of the fœtus or placenta. In process of time she was enabled to resume her usual duties, her convalescence being attended by no unpleasant symptom. In about a year afterwards, I think, I was again requested by the same gentleman to visit his wife, who was affected, he said, with the same symptoms as before. I found her complaining of the same oppression from the distention, the abdomen being considerably enlarged and increasing, she told me, as it did before. At this time she was about 5½ months advanced, and as she had no symptoms indicating immediate delivery, or the necessity of such, it occurred to me to try whether I could not prevent the further increase of the secretion, and enable her to go to her full period. From her pale, anemic appearance, the want of tone in her general system, and the evidence somewhat of a strumous diathesis, and the same delicacy of appearance noticeable in all her children, I was led to infer that an alterative tonic and diuretic might be of service. I accordingly directed 5 grs. of the iodide of potassium, 10 drops of

the solution of the iodide of iron in a tablespoonful of the compound syrup of sarsaparilla 3 times a day, with a good nutricious diet. In a short time I had the satisfaction to find the unpleasant symptoms abate, and my patient went to her full period, being then delivered of the healthiest child she ever had. What could have induced this condition in the first instance, and repeated it in her next pregnancy, I cannot say. Certain it is that she presented every indication of having the last labor cut as unfortunately short as the previous one—and certain it is, that after taking the above medicine a few days, her symptoms subsided. Since then I have attended her in another confinement, and none of the difficulties of the former labors presented themselves.

Remarks on Alterants.

BY A FELLOW OF THE MEDICAL SOCIETY OF VIRGINIA.

The term alterants, or alterative, is derived from *altero*, to change—and is employed to designate a mode of operation, rather than a particular medicinal article. Thus we familiarly talk of the alterant action and results of the various preparations of mercury; but that agent is still arranged in our works on materia medica, under a different head. There seems to attach to the mode by which the alterant agency of mercury is effected, much of that mysterious influence upon which physicians, in former periods of medical history, were so fond of dwelling. The allusion has reference to the opinion universally entertained, in the days of an exclusive humoral pathology, that the alterant power of a medicine was resident in its capacity to accomplish some change in the circulating mass, by which mutation of the morbid state of the blood, the curative results were obtained. Whilst we retain the name of alterant, we attach not the slightest importance to the philosophy of the mode of operation, which was once so fashionable in the profession. On this point we desire to avoid all indefinite, intangible abstractions: plausibilities are not to guide us in any matters pertaining to a physical science. Medicines operate as relative agents; and to appreciate their mode of operation, we must contemplate the varying conditions of the animal economy in which they are exhibited. To aver that alterants change the chemical constitution of the blood, or that they modify in some way its vitality, or that they correct morbid materials, by direct contact, in the current of the

circulation, or that they reach distant parts by being absorbed, and by the channels of the circulation are enabled to exert their direct local action on diseased organs, may be a very facile method of ridding ourselves of all necessity for additional enquiry into the steps of the process by which the ultimate remedial influence is made to bear upon morbid conditions of the functions and tissues. By as rapid a march of conclusion we may refer the whole thing to sympathy, and thus, without any more pains-taking in our investigation of the matter, we satisfy our minds that we have arrived at truth when we have only imposed on ourselves a crude and hasty explanation for a minute and faithful enunciation of the phenomena. In prosecuting the discussion, the first point of enquiry, to the elucidation of which I shall direct my attention, is, not *whether* they act by a mechanical force, or a chemical reagency, exerted upon the blood, nor *whether* they operate merely by sympathy, but how they influence the vital powers—what therapeutic results flow from their judicious administration, and *in what* morbid states of the organism they are applicable. I desire to come up to the scrutiny of this practical point divested of all partizanship—if ever such a feeling occupied my mind—and to give due weight to every accurately observed and faithfully recorded fact, which bears upon the question. And whilst I am determined to treat as a grave, practical question, I wish to allow no prejudices of the past nor prepossessions of the day to annul the decisions of a sound and authentic experience. It is obvious, upon the slightest reflection, that there exists no kind of mechanical relation between the remedies which we employ as alterants, and those states of the body in disease for the cure of which we prescribe them. And were we to concur, to the fullest extent, with the views entertained by former pathologists, that diseases were induced by alterations in shape and size of the globules of the blood, still I could not perceive upon what ground an alterant was given, unless it were prescribed to act by a direct mechanical force upon the blood. But such a solution would ill comport with the spirit of an inductive logic. And as it respects the chemical theory of peccant matters, and of their neutralization in the blood by alterants, the same remark would arise. *How do alterants influence the vital powers?* First, in a way that is not accompanied by sensible evacuation; secondly, in a way which does not disturb the regular procession of the functions and actions of life; and thirdly, in a way which is subversive of abnormal, or deranged action, by a process of either suspension, alteration, or substitution of action. The principal idea attached by the profes-

sion generally to the term alterant, is that of a curative power exerted by any remedial article, independent of any display of its sensible action, by evacuation, or otherwise, on the system. An alterant is given with this indication in view—to so modify, change, or interrupt the morbid processes going on in the structures of the body as to bring about a solution of the disease, without disturbing the animal economy by any urgent solicitation of influence. It cannot, however, be denied that there may arise in the course of the administration of alterants symptoms of disturbance in one or more of the functions of life. Thus when mercury is given as an alterant, we may have several modes of its activity displayed, independent of its alterant agency. The simple excess of its peculiar alterant power may create extraordinary excitement in the glandular system. The salivant action of mercury is separable from its simple alterant action. But the salivation resulting from the remedy is neither a proof of the injurious activity of the mineral nor of its curative power. The kind of salivation induced is more to be depended on than the degree of irritation created in the glands of the mouth. Still, as the general capabilities of mercury in the arrest of disease are not measured by its salivant influence, I may adhere to the definition, and insist on the precision of my view of the modus operandi of an alterant, when I contend that it is an agent of the materia medica, which acts curatively, independent of any sensible disturbance in the functions of the body. Primordially the action of an alterant is upon the vital properties of the system, in virtue of the relation which exists between the state of those vital properties and the article administered. It is only by a careful generalization from a great variety of well conducted trials, and the results of those trials, in diversified morbid states of the living human body, that we derive a just experience of the virtues of any medicinal substance. From deductions drawn from a wide field of experience in the profession, we are warranted in referring the peculiar power of alterant medicines to a special medication which they create. We do not believe in specifics of any sort—not that certain remedies bear no direct or special relation to certain organs, or certain conditions of those organs, but because there can be no such thing recognized in scientific medicine as a disease abstractly considered. All diseases consist in certain conditions of the organism. To suggest that a remedy is a specific for a disease, is to do violence to the first principles of a just pathology.

Alterants act in a special manner on certain organs and on certain states of those organs. Their action is one that is independent of sudden exaltation or immediate perceptible de-

pression of the functions of the organs upon which they exert their activity. It is an activity not revealed by a more rapid circulation quickly created in the system, nor by a direct augmentation of vital force in any part of the body, nor is it an activity that shows itself by a subversion or disturbance of the accustomed actions of life.

The therapeutical action of alterants is evinced, 1st, by suspension of the morbid phenomena; 2d, by the superinduction of a new action; and 3d, by substitution of action. Let me illustrate these points. All the morbid phenomena witnessed in the human body may be arranged under the respective heads of constitutional and local as respects the extent of the action originating them; and of functional and structural as regards the kind of action producing the phenomena; and acute and chronic, in reference to the period of their duration. A constitutional affection often gives rise to local diseases, as is well known, and local disordered action frequently produces constitutional derangement. Functional disorder may exist without lesion of structure; but often structural changes are induced by disordered function. Mr. Abernethy seems to limit the use of alterants to their utility in rectifying vicious states of the chylopoietic viscera, but Sir Wilson Philip has extended their interference to cases of functional and structural diseases of various important tissues and organs. The action of alterants is often seen in suspending morbid states, and thus permitting the powers of health to resume their wonted condition. This I have often exemplified after the exhibition of minute doses of calomel in deranged conditions of the alimentary tube. The same mode of operation is evinced by minute doses of corrosive sublimate in diseases of the skin, and by other mercurial preparations, when given in small quantities in affections of the various organs. The gentle quiet and undisturbed curative interposition of alterants in many functional and structural affections, depends upon the ability of this class of medicines to suspend morbid processes.

Case of Acute Hydrocephalus with Erysipelas---Successfully treated.

BY TH. W. HIX, M. D., APPOMATTOX, VA.

On Monday, February 27, 1854, I was called to see a patient, aet. 3 months and 27 days; found the little sufferer in

extreme agony; of a decidedly strumous diathesis; a quick strong pulse; unnatural heat of the head and bowels; the latter considerably enlarged and elastic; great irritability of temper; very great wakefulness; thumbs inclined towards the palms of the hands; slight torpor of the bowels, with evacuations of a pale yellow color void of bilious matter; the neck, breast and shoulders covered with blotches of erysipelatous inflammation; gradually forming vesicles of a dark red or purplish color, extremely painful to the touch, with a swollen and irregular surface.

Upon holding an interview with the parents, I learned that the patient had been suffering, as is frequently the case among children, from a chronic serous discharge behind the ears; which, in the opinion of the mother, was assuming a very grave form of inflammation, and at the solicitations of her friends and relations, set about drying up the discharge, which end was soon accomplished; but a much worse disease was now forming, as evidence by a set of cerebral symptoms, to say nothing of the cutaneous eruption also in progress.

Hoping that actual inflammation had not taken hold on the brain, I determined to meet the indications as they presented themselves.

First—To relieve the alimentary canal of the accumulation of feculent matter caused by the vitiated secretions.

Second—To reduce the force and frequency of the pulse, thereby diminishing the afflux of blood to the brain.

Third—To correct the depraved condition of the secretory organs.

Ordered submur. hydrarg. gr. i; pulv. ipecac. gr. ss. every two hours, until the bowels have been evacuated and the color changed to a greenish hue; hot wheat bran poultice to the tumid bowels; application of cold water to head; hot pediluvium; applied weak solution of sugar of lead to erysipelatous inflammation; left to see my patient in 12 hours.

28th—Bowels have been evacuated twice, and only two of the powders taken; first evacuation very copious and extremely fetid; last not so much so, and bearing evident signs of the mercurial effect on the liver.

Pulse slightly reduced; bowels soft and not so hot; rather inclined to be moist.

Finding that no nausea attended the administration of the ipecac., I continued the treatment after having given ol. ricini ʒ i.

March 1—My little patient evincing stronger signs of inflammation of the brain, with hydrocephalus; very great intolerance of light and sound; suffusion of one cheek; had

had several convulsions; fists clenched; considerable drowsiness, similating coma; head greatly enlarged; fontanels, instead of a slight depression as is usually the case, considerably puffed; at a point corresponding with the superciliary protuberances, the frontal bones were about three quarters of an inch from each other.

Satisfied that my efforts to prevent a watery effusion of the brain would prove abortive, I ordered the following mixture every four hours:

Submur. hydrarg. gr. ss. syr. scillæ. min. xv; tinct. digitalis min v., until four grains of calomel had been taken; applied a weak solution of acetate of lead to the entire head, using frictions of unguen. hydrarg. to the chest and axillæ; hot pediluvium; sinaspisms to the lower extremities; bran poultice continued: remained all night.

2d—Skin hot and dry; pulse about the same: continued the use of the prescription with the addition of ipecac. gr. ss. to cause a determination to the skin.

3d—Considerable amelioration: treatment continued with ol. ricini ℥ i, to evacuate the bowels.

5th—Had the satisfaction to find my little patient in a rapid state of improvement; skin moist and pleasantly cool; head greatly diminished in size; bowels soft and in a state of perspiration; evacuations regular and of a bilious character; flush of cheek scarcely visible; has used a small quantity of boiled milk and slippery elm syrup.

The use of the calomel and squills was adhered to until about the 15th of March, giving now and then the digitalis in combination as above, with occasional doses of castor oil to move the bowels, when I discharged my patient as cured.

The points of peculiar interest in this case are:

The appearance of erysipelas, after the third month, (which, according to Dr. Dewees, is a very rare occurrence;) the entire absence of nausea or vomiting during the whole course of diseases, (which is so often a concomitant of diseases of the brain; and the happy effect of digitalis and squills in controlling so distressing a malady.

In conclusion, I will say that I have found the digitalis an excellent remedy in almost all dropsical affections.

Oxide of Silver in Menorrhagia.

BY E. W. FAULCON, M. D., BOYDTON, VA.

In the American Journal of the Medical Sciences for the year 1849, vol. 18th, page 69, may be seen a communication from Dr. Thweatt of Petersburg on the use of the oxide of silver in menorrhagia. Impressed as I was (at the time of reading Dr. Thweatt's communication to which I have referred,) with the soundness of his reasoning, I determined to give this medicine (the oxide of silver) a fair trial whenever a proper opportunity offered in my practice. Lately, that opportunity presented itself, and I give you my testimony in its favor, which may be disposed of as your judgment shall direct.

February 5, 1854—Called to see Miss J. H., aged 17, who had been ailing for two days with pain in the chest, and cough without expectoration. Pulse accelerated, respiration high, general appearance thin and anæmic, complexion fair, pearly teeth and light blue eyes. Percussion at the summit of the lungs gave a dull sound, indicating congestion of these organs. Auscultation gave a very great diminution of the respiratory murmur. The sibilant and the sonorus râle were present. I diagnosed acute bronchitis. Applied to each lung one cut cup, and gave immediately the following medicine: Hydrarg. submur. grs. 5; tart. antim. et potass. gr. ¼; conserve of roses, q. s. M. ft. pill, No. 1. To be followed three hours after by a tablespoonful of castor oil. As an expectorant I left the following combination, a tablespoonful every two hours: Syrup scillæ, ℥iii; vin. antim. ℥iii; tinct. opii, camphor ℥ii; pulv. gum arabic, ℥i; aqua pura. ℨiv.

February 6th—Medicine operated well, giving dark bilious ejections; cough and respiration greatly improved: continue the expectorant. From the thin and anæmic condition of this girl, I at once suspected some latent cause as operating more disastrously to her than the disease which I was called to treat could have done in that limited time, as proved by physical signs. Accordingly, I questioned her mother more closely, who promptly told me that her "courses" were irregular, and had been for three months, reappearing as early as a week, then again in two weeks, and lasting each time from two to three days, and always profuse, keeping her feeble and nervous. Here was a case in point, where Dr. Lane and other distinguished members of the profession would probably have resorted to *ferruginous* tonics. Prepara-

tions of this class would have given temporary tone to the system generally, but I believe it would have been temporary only, in consequence of the pathological condition of the uterus. While this tone (which I have been bold enough to say would be but temporary, an opinion in contradiction to that advanced by the distinguished Dr. Lane,) is being established, *fibrine* of the blood diffused through the mass of the "circulating medium" would be rapidly increasing, and an undue local determination established of course to parts possessing the least force of resistance, and that part, in this connection, would obviously be the uterus. The strength of the general system, I conceive, would not be increased pari passu with this augmentation of fibrine; hence the danger of a local determination of blood to the very fons et origo of all this mischief—the uterus. The great object in view, as Dr. Thweatt says, is "to arrest the abnormal secretion—this drainage of the general system." True; and it can best be done, in my humble opinion, by the oxide of silver, acting as it does upon the capillary system at large, *and particularly upon the capillary system of the uterus.*

February 17th—For this condition of the uterus, I prescribed the following: Argenti oxidum, grs. iij; denarcotised opii, gr. 1. Divide into pills vi. One to be taken morning, noon and night. Nothing could have been more clearly manifest than was the beneficial action of this salt upon the abnormal uterus. It arrested, in twenty four hours, nearly all show of this sanguineous flow, and gave tone to the general system, color to the cheeks and hope and confidence to a depressed mind. Having taken the above amount of the oxide of silver at a subsequent period, she is now being rapidly restored to her former bloom and vigor. The time has come when the citrate of iron plays a good part, and I am giving it to her daily with the happiest results in its exhibition. My sole object in preparing this paper was to add my mite of testimony to that of Dr. Thweatt's, in praise of a remedy not likely to disappoint us when applied under proper restrictions in this affection of the womb, a desideratum not to be lightly esteemed, as every practitioner of medicine knows, who has had to cope with this not unfrequent and obstinate complaint; most of the vegetable astringents and mineral tonics often proving treacherous to our hopes.

Mammary Abscess prevented by Iodine Ointment.

BY R. H. BAYLOR, M. D., OF AMELIA CO. VA.

The subject of this paper is a colored woman, aged thirty years, with six children. Owing to an obstruction of the ducts, she was unable to nurse her last child, caused from an inversion of the nipples. On my first visit I found the breasts very much enlarged, quick and full pulse, hurried respiration, hot and dry skin, tongue coated with a whitish fur in the centre, but red around the *edges*—bowels had not been moved since the birth of the child, which was some five or six days previous—great pain in the abdomen—the patient could not bear the slightest pressure. Blood was freely taken, and then a full dose of mercury in combination with opium was administered.

℞ Hydrarg. chlor. mit. grs. xv; pulv. ipecac. et opii, grs. x. M. To be taken at one dose.

After the first operation from the bowels, all symptoms of puerperal peritonitis ceased. My attention was then directed to the breasts. They were very painful and hard. The first indication suggested to my mind was to relieve the tention by drawing the milk, but failed in the attempt. Violent inflammation had already commenced, and spread with great rapidity over the whole chest. I then went to work to prevent, if possible, suppuration. Having seen an article on "iodine as a preventive of mammary abscess," in a number of the Medical Examiner, from the pen of Dr. H. C. Stewart, Somerset county, Pa., on the fourth day, finding them (breasts) much larger and intensely painful, I determined at once to make an application of iodine ointment to the breasts, spread upon cloth; and after the third application, all signs of inflammation and suppuration had disappeared—the breasts entirely relieved of pain and perfectly flaccid. From the success of the iodine ointment in this and other cases reported, I hope the profession may be induced to give this valuable remedy a trial.

In conclusion, I submit these suggestions to the readers of your journal, hoping that they may not be disappointed in its remedial powers.

Post-mortem Revelations of Case of supposed Ascites or Pregnancy.

BY W. H. GANTT, M. D., MOORESVILLE, ALA.

The subject of this article was a negro girl, aged nine years, the property of J. Haywood Jones, Esq. of this vicinity.

Some time in June 1852, Dr. Hussey of this place was called to see her professionally, and from him I learned the following facts: "When I first saw her, I learned, upon enquiring as to her general previous health, that for some time back her health had been declining, and that some two months since the mother had noticed the child's abdomen somewhat swollen, as she thought; and that from that time on it had gradually enlarged, until it now was of an enormous size, Her hips were remarkably broad and prominent; her face was large and very full for one of her age; voice coarse and masculine; her face and upper lip profusely supplied with hair—in fact with more than is seen on that part of grown negro women; her height was about the average of negro children of her age.

Upon making an examination of the abdomen, the mons veneris was found to be covered with a thick growth of hair; the labia pudendi were full and round in form; the abdomen distended and rounded, as in pregnancy. Supposing there was a collection of water within the abdominal cavity, I made a careful examination, but could not detect any fluctuation. I attempted to pass my finger into the vagina, but could not succeed, from the smallness of the canal. Tongue clean and moist; bowels regular and perfectly natural in their action; skin healthy—in fact, every organ seemed to be performing its actions in a healthy manner. The treatment to be pursued in this case now became a perplexing question. She had been previously treated for ascites, with no good result. Finding no evidences of dropsical effusion, I was forced to quit that treatment. There was no functional derangement to meet, no organic lesion visible to overcome. What was to be done? I put her on dietic regimen, and watched closely so as to meet promptly any symptom that might present itself."

It became the undivided opinion of all who saw her that she was pregnant; that is, those out of the profession. She continued in good health, her abdomen slowly increasing in size until the 16th of September 1852. She on this day ate large quantities of half ripe muscadine grapes, brought to her

clandestinely by some of the negro children about the house. She was soon afterwards seized with convulsions, which soon ended in death.

On the following day, by request, I made an examination of the body in the presence of Drs. Hussey, Withers, Hester and Walton. From press of business it was determined to examine the abdominal organs only.

External Appearance of the Body.

The head was remarkably large; neck thick and short; chest very full, with but little enlargement of the mammæ. The mons veneris profusely covered with hair, as also was the labia pudendii. Her mother says she was born thus. Abdomen large and rounded in appearance.

Internal Appearance.

The stomach, bowels, spleen and convex surface of the liver were perfectly healthy in appearance. The lining membrane of the stomach was very little altered from a healthy appearance, being very slightly injected with blood near the pyloric orifice, perhaps the sequence of dissolution. The stomach was nearly empty, containing a few of the grapes. The entire intestinal canal was distended somewhat with gas. The uterus was found, with its appendages, in situ and of the size that is usually found in one of her age. Upon taking the liver from the body, on its concave or under surface we found a large tumor enveloped in a dense fibrous membrane, distinct from the peritonæum. This membrane was attatched to the surface of the liver, where the vena cava ascendens passes through its proper notch, passing off from this to the right kidney, to which it also adhered. The entire mass was enveloped in a fold of the peritonæum. The tumor was nearly round, and about fifteen inches in circumference, and weighed over two pounds. It laid a little below and back of the gall bladder.

I laid it open with the knife and found it to be composed around its outer edges, to the depth of an inch, of a dark gray medullary looking substance. The centre was composed of a firm yellowish looking substance. There was a collection in the outer part of the gray portion, of pus about the size of a filbert. The edges of this ulcerated part were ragged and surrounded for a line or two with a similar substance to that occupying the centre of the tumor: no other point of suppuration was visible.

The covering membrane was supplied with vessels from the renal artery, and were large and numerous, giving off branches to the tumor. The right renal artery was remarkably large. Its veins passed into the cava ascendens at the point the enveloping membrane dipped from the liver and this vessel to pass to the right kidney.

Could suppuration have taken place and emptied itself into the intestines and perfected a cure? The point of pus was on the lower and back part of the tumor.

To Destroy the Bitter Taste of Quinine.

BY W. H. EDWARDS, M. D., SURRY, VA.

The extreme bitter taste produced by the exhibition of quinine frequently puts it out of the power of the sick to retain enough to answer the desired purpose: particularly by children of irritable stomachs this medicine is often rejected. To my medical brethren I would say the taste of quinine may be completely destroyed, and its virtues retained by the mucilage of slippery elm bark. Provide a mug or tumbler of cool water, into which immerse a few *pieces* of the inner bark of slippery elm, say four or five inches long; after standing a short time, take out the pieces of bark, and with the thumb and forefinger scrape or draw off enough of the thick mucilage which attaches itself to the bark, to fill a common tablespoon.

This done, the dose of quinine may be dropped in the middle of the mucilage and with a straw or the point of a knife gently stir so as to envelope it fully in the mucilage, minding at the same time not to let the quinine touch the sides of the spoon.

Thus prepared, the quinine with the mucilage may be swallowed, tasting nothing but the mucilage; and so perfectly is the taste destroyed, that were you not to admit the fact, it would never be known that quinine was taken.

EDITORIAL.

In our last issue we endeavored to impress upon our readers the importance of *associated effort* to a successful "collection, diffusion and advancement of medical knowledge."

We drew arguments from the intrinsic difficulties of those subjects which continually challenge the investigation of the medical enquirer.

The boundless field of exploration, the recondite nature, modes of action and effect of causes, the ever varying and modifying elements to be taken cognisance of; all these demonstrate that without a division of labor, no substantial progress can be made in rational scientific medicine. A few men cannot concentrate a critical acquaintance with the whole circle of sciences and arts, in the brief span of human life. If these attainments could be made, they would be inadequate to the end, unless the attribute of ubiquity could be superadded.

A vast army of laborers must be enlisted, their efforts systematically arranged, associated and directed; the fruits of their labors compared, contrasted, sifted of error, and garnered. Thus only can an accumulated and concentrated light be brought to bear upon the mysterious laws of our being, physical and psychological; and thus only can be developed the successive links in that chain which binds our organized being, and within whose play all our practical efforts for the preservation and perfection of our organism must be directed.

But whilst the advancement and collection and diffusion of medical knowledge should be the main point towards which associated effort is directed, and to which all others are subordinate, yet there are other objects and interests which need this great lever of modern progress, and to which it may be legitimately directed.

In the social fabric, medical men have rights to maintain as well as duties to perform.

It has often been remarked that there exists less general intelligence on medical subjects than any other. The scope of the statement is not confined to the uneducated classes. Certainly there are no other departments of knowledge so intimately and immediately affecting the happiness of society, of which the great masses of intelligent people are contented to live and die so profoundly ignorant.

But this fact has constituted no potent argument with our lawgivers—Why the lives of the people should be protected from the dangers of an ignorant medical corps, or unblushing charlatanry in its protean forms.

We have ponderous tomes of legal enactments for the protection of property and the guaranty of social rights. The expounders of these enactments are required by law to undergo a test of qualification. The interests of property are too valuable to be entrusted to unskillful hands. But the public health and the lives of the people are a cheaper commodity! Any legal enactment specifying and testing the qualification of those who would engage in the practical duties of the physician, would be an abridgement of individual rights—an encroachment upon our enlarged sense of republican liberty!

Under our laws the receipt of a sheriff is the only test of qualification, and the books of this sapient official the wide door of admission to the ranks of a profession whose duties require the highest and most varied attainment, and whose province embraces all that is tenderest in human affections, most sacred in reputation, and dearest to humanity.

If any hapless wight should throw himself in opposition to this popular current, and seek by practical measures to guard the portals of admission by rearing muniments of protection alike against the dangers of ignorance and the heartless rapacity of unblushing quackery—if such an one should in any manner seek to expose the effrontery of harpies who feed and fatten upon the life-blood of innocent ignorance—such an one

is forthwith denounced as quixotic and utopian by the discreet and prudent of his own corps, and is fortunate indeed if not victimized by hordes of mercenary cormorants.

But we do not mention these things for the purpose of censuring the unprofessional public or our lawgivers, either for their existence or continuance. We admit that in society, civilized and savage, medical men have always had accorded to them full as much weight and influence as they are entitled to. Indeed, the blind and implicit credence with which the dogmas of arrogant ignorance are often received, is a matter of surprise. Why, then, do these evils exist?

"The fault is in ourselves, and not our stars."

It is because medical men themselves have been derelict in duty to their profession and the public.

It is because no pains have been taken to mould and direct an intelligent public sentiment.

It is because our ranks are filled with worthy men whose voices are only heard in whispers on this subject, and who, if they act at all, act without concert and co-operation, not looking beyond the narrow circle of their own labors, or to greater results than their individual interest.

It is because our medical men are not working for their interest as a class, and guarding the dignity and honor of their calling with jealous love.

If, now and then, a spasmodic effort is made—a guerilla warfare commenced—an assault is made upon evils, from without or within, universally felt and known and deplored—how often is it the case that those who might render most efficient services, are *too dignified* to enter the arena with quackery? Others, afraid of excessive legislation, are too great lovers of peace and harmony to contend for the right. Good natured souls—they are ever ready to sacrifice the last scintilla of principle for the shadows of an unsubstantial union. Others again, alas, quietly float down the popular current, covertly ministering to the prejudices of ignorance

or the demands of cupidity, or else walk gingerly around the scene of combat, ever in position to fall in on the winning side and huzzah for the victors, looking only to the loaves and fishes.

This is no fancy sketch. We appeal to the reader. Has it not had its counterpart in reality? But who doubts that if one-half of the three or four thousand intelligent medical men of our state were regularly organized—alive to the behests of a noble profession, educating the public sentiment—that these evils would be abated. Persistent, intelligent, associated effort would arouse a public sentiment which would enact all our needed salutary reforms, despite of all opposition, whether arising from ignorant and rapacious charlatanism from without, or from the yet more culpable cupidity and lust of power of those who are within the ranks. Under such a state of things, how long would our bill for the establishment of a state board of medical examiners sleep in the halls of legislation? A measure designed to transfer the introduction of those who may hereafter enter our ranks, from the hands of our worthy sheriffs into those of a state board of intelligent physicians, having no interest in the business of teaching medicine, and prompted by no motives, save those of professional pride and public good—a measure conceived and designed to foster good medical schools in our midst, and to stir up all to more thorough, systematic and prolonged terms of instruction.

Under such influences, our lawgivers would find out that public health is a legitimate subject of governmental interference—that the life of the citizen must be equally protected from the dagger of the assassin and other as sure instruments of death, when wielded by ignorance or concealed in the nostrum of the mountebank.

Instead of all the treasure and faith of the state being conceded to the exactions of bargaining and intriguing railroad companies, hospitals for the indigent sick would be reared where the state of the population required them—noble monuments of philanthropy and sure indices of the HEART CULTURE of a people.

These institutions, whilst strictly eleemosynary in their character and design, would amply repay their outlay by the rich harvest of clinical instruction they would afford. We say all these beneficial results might be realized, if one-half the intelligent physicians of the state, who daily lament the present state of things and hourly feel the force of the views we have expressed, would allow their influence to be exerted in organized, associated, systematic effort. We should not even despair of seeing a few of our newspapers taking the cudgels for legitimate medicine, despite the tempting douceur of fat fees for *long*, *indecent* advertisements, which may be found upon our parlor tables, *doubtless for the edification of our wives and daughters as to their healthy and morbid functions.* But the benefits of systematic organization are not confined to the external relations of the professional corps. Its internal MORAL loudly demands it. We know it is fashionable to decry the value of ethical codes, because there is no power to inflict bodily pains and penalties. But the objection suggests the efficient remedy. It is to be found in the dreaded scourge of an outraged and unsparing *public sentiment.*

We know there are *hoary headed sinners*, and apt fledglings, their pupils and imitators, who have been smuggled in our ranks—men who spend their lives in envy of the well earned reputation of a high souled neighbor, whose exploits are confined to undermining insinuations and sneaking forays—land pirates and professional *petty larceners*—(we are describing a genus of many varieties, and would not confess to their existence, if we were not inditing a *confidential* FAMILY EPISTLE)—men whose only talent is displayed in the adroitness with which they cover up their deeds and confine themselves to such small operations as give them immunity from the cow-skin—hypocrites without shame, and liars without remorse. We say the only safe-guard and protection against such interlopers, (and we hope there are not many possessing those traits in the superlative degree,) consist in the establishment of local medical societies, and the *practical* and stern enforcement of the provisions of our code of ethics. Let such

an one be cut off and debarred from all professional intercourse and association—our word for it, there is not a man in the nation whose talents or position are such as to enable him to maintain himself in such courses, when the honest and virtuous of the same profession are unitedly in favor of his excommunication. If any one doubts the remedy, and has his mind's eye on such a character, let him try the expedient, and he will soon hamper a jail-bird.

We have heard but one objection urged against the formation of medical societies: this is, that they do not promote harmony. Doctors are proverbial for disagreement. Such sentiments are often proclaimed by gentle, meek, peace loving, seedy newspaper editors, fruitless lawyers and *pot-house* politicans, when they wish to discredit our profession, and who intermeddle in our politics. We know such associations promote harmony. They facilitate the formation of enduring and cordial friendships; mutual misunderstandings are adjusted and confidence restored.

Isolation of interest and pursuit engenders that selfishness which is the source of all discord: community of interests, of pursuits, of feelings, unites the virtuous and honest in one invincible and inseparable phalanx of brotherhood.

None need fear such associations whose intentions and practices are honorable. They are a terror to evil doers; opposed by those who aspire to nothing but a mercenary handicraft, and whose practices are contraband; camp-followers and jackalls, attracted by the scent of garbage.

We have yet to speak of the salutary influence which these societies may exert upon the medical education of the country, but we reserve this vital point for future discussion.

Reviews, &c.

A Treatise on Venereal Diseases—By A. VIDAL, (de Cassis) Surgeon of the Venereal Hospital of Paris, &c.—*with colored plates*—translated and edited by GEORGE C. BLACKMAN, M. D., &c. *New York: S. S. & W. Wood*, 261 Pearl st. 1854. 499 p. [From the publishers.]

The bold and original investigations of Ricord opened a new era in the medical history of venereal disease. A degree of precision marked his conclusions which had never been attained before, and bid fair to lead to a final settlement of all vexed questions in this department of medicine. He was quickly followed by others into the same field of enquiry; his positions were assailed; and "thus," remarks our author, "the immutable laws of experiment proclaimed by M. Ricord were annulled by experiment itself, and the promised certainty resulted in uncertainty."

In the introduction the question of the *origin of this disease* is discussed and the proposition clearly proved: "There can be no doubt of the existence in antiquity of local, nonvirulent venereal diseases, and there is strong presumptive evidence also that there were those of a specific nature, which produced both local and constitutional symptoms." At the same time the author admits that the epidemic of the fifteenth century was marked by characteristics which distinguished it from the syphilis of antiquity and of our own day. These he attributes to complications with other grave diseases prevailing at the same time.

The *poison* itself *has never been isolated.* Its virulence is proved by the remarkable fact that one drop of pus charged with the poison is sufficient to render a glass (tumblerful) of water infectious.

In regard to the value of experiments by *inoculation*, the author regards them as purely artificial, and not to be exclusively relied on. The possibility of rendering the system so *saturated* with the poison as to confer an *immunity* against the disease, as in the case of inoculation by small-pox virus, is not admitted to have been proved. When such immunity does occur, it is only temporary. Some rare cases have been observed, in which there is a natural immunity similar to that enjoyed by some individuals against other poisons. An extraordinary instance of this is related to have occurred in the person of a man of fine, robust constitution, who, although a great libertine, never contracted the disease. This *brazen*

man, as he was called, had habitual connection with women who had chancres, and who communicated the disease to others. Finally, he submitted to the test of experimental inoculation without the slightest effect being produced.

The possibility of *transmitting secondary forms of disease* we think clearly made out. The translator confirms this opinion by some striking examples, and then asks the following pertinent and often fearfully anxious question, If the syphilitic temperament or diathesis, when once formed, may last ten, fifteen and twenty years, or indeed never be eradicated, when can a man with safety marry who has had constitutional syphilis, but who is free from every external manifestation of the disease?

The question of the *identity of gonorrhœal and syphilitic poisons* has been regarded as definitively settled in the negative by the experiments of Ricord. This decision is attacked by our author, and in our opinion unsuccessfully. The cases which he cites, in which secondary symptoms appeared without having been preceded by chancre, so far as could be observed, are fully explained by his own favorite theory of "physiological absorption" or Hunter's doctrine of the absorption of virus without lesion of surface—in other words, that secondary syphilis may occur unpreceded by any form of primary sore.

In regard to the abortive treatment, the author regards it impossible and liable to produce serious injury, if attempted after twenty-four hours; that is, after inflammation has commenced. It is therefore of little practical value, since the patient is very rarely seen within that period.

Strict antiphlogistic treatment should be adopted at the commencement, and when the inflammatory symptoms begin to decline, cubebs and copaiba should be used; and lastly, when the inflammation has entirely subsided, then injections should be resorted to. Astringents are preferable to caustics, and of the latter the solid nitrate is preferable to solutions.

The following is the author's formula for administering copaiba: ℞ Copaiba, 1 part; cubebs, 2 parts; ess. menth. q. s. Ft. electuary. Of which about half an ounce is to be taken in the course of the day. A bolus is to be made of this by the patient himself, and covered with unleavened bread. He is generally cured after having used about four ounces of the above electuary, after suitable *preparation of the system.*

In consequence of the great uncertainty of diagnosing contagious from noncontagious gleet, the author very properly lays down the rule for our patients who may consult us on the subject, that they should always regard gleet *as contagious.*

Abortive Treatment of Chancre.—Ricord's opinion that the ef-

fects are entirely local for the first five days, is combatted by the following facts: Cauterization of *pustules* did not prevent secondary symptoms—inoculation was performed with the virus of glanders, and was cauterized in one instance, after three days, in another after two days, and in a third after twelve hours, and yet in no instance was infection prevented; lastly, vaccine pimples have been destroyed shortly after their appearance, without interfering with the protective influence of the virus. The proposition is therefore laid down, that "when chancre has formed, infection has already taken place:" chancre may even be secondary to physiological absorption.

Internal Treatment.—The bichloride is preferred to every other form of mercury in the dose of one twenty-fifth of a gr. twice daily. We confess that in our own practice we would regard such doses much too small, and further, that our own experience has justified Ricord's preference for the protiodide of mercury. Of course no one should feel constrained to confine himself to any particular form, but should use that which seems best adapted to the case. Our course has been to give half a gr. to one gr. of the protiodide thrice daily, until the gums are touched, and then to keep up the impression several weeks by as small doses as may be sufficient for the purpose. We regard the first prompt impression as important, in order to arrest the disease as speedily as possible; after which it may be held in abeyance, and finally eradicated at leisure.

Suppurating Buboes.—Instead of laying them open extensively, the author uses one or more punctures with a lancet. The cure, he asserts, is more rapid, and no ill-looking cicatrices are left. Others inject iodine through these punctures with excellent effects.

The author treats fully the various secondary affections and complications, infantile syphilis and private and public prophylaxis. For his opinions on these points, we refer the reader to the work itself. Apart from the author's peculiar theories, we regard the work a valuable contribution, abounding in clear practical instruction. The translation is rendered in plain English generally, free from affected Gallicisms. The work is illustrated by some well executed engravings, and is, with the exception of cheap paper, so necessary to our economical ideas, very well gotten up.

We advise every one who desires to be well posted in the views of the rival schools of the Parisian syphilographs, to procure a copy and place it side by side with one of Ricord.

B.

An Essay on the Mechanism and Management of Parturition in the Shoulder Presentation—By Wm. M. Boling, M. D., of Montgomery, Ala. [From the author.]

We have examined, not as critically as we could have wished, Dr. Wm. M. Boling's "Essay on the mechanism and management of parturition in the shoulder presentation." The subject is treated of in all its bearings; and while we have not been struck with any novel views advanced by the author, we readily concede that he has given us the fullest information. This information is derived not only from his own observation, but he has also discussed the views of others.

While there is no regular distribution of the essay into chapters, the various parts of the subject matter are perspicuously treated of under distinct heads or sections; and we are fully persuaded that whoever may peruse it with attention, will be well repaid for the hour or two of labor it may cost him.

H.

On the Use and Abuse of Alcoholic Liquors in Health and Disease—being a Prize Essay. By W. B. Carpenter.

Every one who has read Carpenter's *Physiology*, now a standard text book in all our schools of medicine, will need no other recommendation to this book than the name of the author. It was awarded the prize, over fifteen competitors, by a competent medical committee. This is additional proof of its excellence. The author has gathered facts from all quarters; reasons from them like a philosopher, not simply to prove that the use of alcohlic drinks is injurious, but also to show how they injure, and that they are unnecessary. The book is meant for the general reader, yet it is valuable to the profession, because it contains the opinion of a wise physician upon the use of alcoholic drinks in the treatment of disease. Dr. Carpenter esteems them palliatives only in some conditions of the stomach, and recommends that "they should never be employed to replace any hygienic requirement, such as fresh air, mental repose, muscular exercise; and they should be disused whenever it may appear that the necessity for them no longer exists."

We commend the book to the profession and the public.

Medico-Chirurgical Society of Richmond---Second March Meeting.

Dr. Snead, 1*st V. P., in the Chair.*

Present—Drs. Albert Snead, R. A. Lewis, Th. Johnson, C. S. Mills, C. B. Gibson and James Bolton.

Dr. Lewis, secretary pro tem.

Reading of minutes omitted, in consequence of the absence of Dr. Otis, the secretary.

Dr. Mills apologized for not having prepared an essay on the treatment of aneurism, in consequence of being engaged in public business.

Voluntary communications being in order:

Dr. Bolton stated that he had *used chloroform internally* in a case of violent spasmodic colic, by which he had an opportunity of verifying the experience of Dr. Snead and of other gentlemen related at the last meeting of the society. Called at night to see a negro woman, whom he found had been suffering two or three hours from spasmodic colic; gave chloroform ℥ ss—in ten minutes ℥ ss more, which produced great relief for about ten minutes; when colic beginning to return with former severity, gave ℥ i more, making in all ℥ ii in about twenty minutes. In fifteen minutes from last dose she was sound asleep and snoring. Slept about half an hour and then awoke in a state of excitement, similar to that which frequently occurs previously to the state of anæsthesia produced by inhalation.

Dr. Th. Johnson enquired if it had produced purging in this instance. Internal use of chloroform had invariably produced purging.

Other members had not observed the state of excitement observed by Dr. Bolton.

Dr. Snead had noticed in one of his patients a state resembling catalepsy, but no excitement.

Present—Drs. Otis, Haskins, &c.

Minutes read and approved.

Voluntary communications being again in order:

Dr. Bolton remarked that he would relate a case of *obscure peritonitis*, for the purpose of keeping up the interest of members, although he was not prepared to report it very minutely, not expecting to have occasion to do so at that time. The case occurred at the Richmond Hospital on Church Hill. A negro woman about 60 years of age, employed in washing for the establishment, complained of pain and some tenderness

in right hypochondrium; dark, furred tongue; constipation; debility. Treatment, mild purgative and counter irritation by turpentine over the abdomen. Next day the purgative had acted, but the tenderness had increased, and was more diffused over the abdomen. Had had a chill the night before, with feverishness; pulse feeble. Diagnosed obscure peritonitis.

Treatment.—Gave calomel grs. 2, with opium every 2d hour. Covered entire abdomen with a blister. Same condition next day, and treatment continued. In about thirty-six hours she was ptyalized. Her condition then appeared greatly improved; pains relieved. Next morning, fourth day from commencement of the attack, found her dying.

Post-mortem.—Thick layer of adipose tissue over abdomen; peritoneum covered with fibrinous exudation throughout its entire extent; no other pathological condition observed.

Dr. Th. Johnson thought that calomel was entirely too much used; frequently resorted to when the physician did not know what to do; did not intend to condemn Dr. Bolton's treatment of the case; did not see the therapeutic indication for mercury in peritonitis; it was not a substitute for bloodletting; thought leeching to abdomen at the commencement most appropriate treatment.

Dr. Parker thought it was a rare thing to find a patient who would be injured by moderate bleeding in an acute attack of any disease; thought we neglected the lancet too much.

Dr. Johnson never saw a case of pneumonia which would not bear general and local depletion.

Dr. Bolton thought that universal experience proved the adaptation of mercury to inflammation of serous tissues. In these cases there was tendency to effusion of fibrin; mercury produces an aplastic condition of blood and absorption of fibrin when effused, as exemplified by Iritis; formerly it was considered incurable, but now usually manageable by the use of mercury.

Dr. Gooch agreed with Dr. Bolton that the true indication was to bring about an aplastic condition of blood by mercury; local bleeding might have reduced the patient too much; we may reduce by mercury and support by good diet.

Dr. Bolton thought the patient would never have borne bleeding, local or general; there is a pulse of congestion and a pulse of depressed vital powers. The former will rise under bleeding, and the skin become warm. The latter will sink under bleeding, there will be no reaction, and the patient will die from depressed vital powers, from disease and deple-

tion; when he prescribed for any case, considered himself entitled to select or reject any article in the whole range of the materia medica, according to the peculiar nature of the case before him; would not feel himself under any obligation to bleed merely because the case was one of pneumonia or of peritonitis, nor would he feel himself debarred from the use of this remedy in a case of typhous fever; was satisfied that he had seen a case of pneumonia during the last epidemic some months since, which would not bear depletion from the commencement; the patient was feeble from old age, and the attack proved mild; thought it would have proved more serious if he had bled: the epidemic was peculiarly fatal to old persons. Remembered an epidemic of pneumonia following measles, which was extremely fatal among children when depletion and antiphlogistic treatment was used; after he laid aside this treatment and used mercury and tonics, every case recovered.

Dr. Lewis never saw a case of pneumonia which would not bear bleeding from the commencement.

Dr. Gooch remarked, he would change the subject by stating he had been called to see a woman who was deranged; she had been at Williamsburg under the care of Dr. Galt and sent away relieved; she was a hale, fine looking young woman—a hearty Englishwoman—married nine years and has never had children; no derangement of uterine system; felt unwilling to use bleeding; gave calomel without precisely knowing why, in alterative doses, and she recovered; she took at the commencement, enormous doses of purgatives; in about ten days after commencing the use of mercury she was restored to her duties. Afterwards, she slightly relapsed and then gave her mercury again, corrosive sublimate gr. $\frac{1}{10}$, three or four times daily, and restored her.

Dr. Bolton thought these symptoms frequently produced by sub-acute inflammation of the meninges of the brain, in which mercury had proved itself the most powerful controlling remedy.

The society then adjourned.

First May Meeting.

Dr. A. Snead, 1*st V. P., in the Chair.*

Present—Drs. Roddy, McCaw, Parker, Th. Johnson and Bolton.

Regular business—Voluntary Communications.

Dr. Otis enquired if members had seen cases of enormous chronic hypertrophy of the tongue. He had recently seen a case in a girl about twelve years old, who had had the disease from childhood. The tongue was so much enlarged that it could not be retracted, and yet the articulation was distinct. It had a lobulated appearance and the raphe was very distinct. Its surface had not assumed a cutaneous appearance, although so long exposed.

Dr. O. remarked that the physicians in the western part of Massachusetts, which he had visited not long since, practice upon the idea that all diseases at the present time are of the atonic type—one remarked that he had not seen a case of *phlogistic* disease for a long time. They are in the habit of using a substitute for Dover's powder, of which he thought the following to be the formula: ℞. Morphiæ sulphat. gr. v.;* calc. carbonat; pulv. glycyrrh; pulv. camphor. aa. ℈ i. M.

Dr. Th. Johnson related the following case: Saw a patient in consultation, who was suffering from irritation of the scrotum, which he attributed to an uncomfortable pair of drawers. His attending physician remarked that he had previously observed inflammation of the corpus spongiosum urethræ at the perineum. Dr. J. thought it in the subcellular membrane. An abscess was discovered pointing at the inferior part of the scrotum, on opening which a considerable quantity of laudable pus was discharged. As the swelling diminished, he then observed the enlarged condition of the corpus spongiosum, which the attending physician attributed to stricture. There never had been suppression of urine nor serious impediment to urination. Examined with a bougie and found a slight stricture: since then urine has passed through the opening in the scrotum. It has now ceased, and neither matter nor urine is discharged. It is remarkable that this should have occurred without permanent obliteration or serious obstruction of the urethra. There had never been suppression of urine nor arrest of the flow, and there was no period at which an ordinary

* Probably this should be one grain, in order that the dose may correspond to that of Dover's powder.

sized catheter could not be passed. The patient was an old man who never had gonorrhœa. He never had discharge of pus through the urethra.

Dr. Otis thought the abscess had opened into the urethra from without inward.

Dr. Bolton remarked that ulceration might occur at the place of structure, and urine be forced into it which then found its way by ulceration and abscess through the scrotum just as in cases of fistula in ano in which fœcal matter was lodged in a lacuna, and gradually passed out by the side of the anus, although there was no obstruction in the rectum.

Dr. Otis denied that fistula in ano usually occurred in this mode, as was proved by the absence of the internal opening in many cases. Besides, if the urinary fistula had occurred in this way it would have been accompanied by extravasation of urine and all its disastrous consequences.

Dr. Bolton believed fistula in ano usually occurred in the mode he had described, and that the reason the internal opening was not found in many cases was owing to the want of skill or patience on the part of the surgeon. It was searched for too high up, and the probe was not sufficiently bent to pass around the upper side of the sphincter. It was sufficient for his argument, however, if it occurred occasionally in the mode which he had explained, for it might occasionally occur in a similar mode in the urethra. As to the extravasation of urine, that was not at all a necessary consequence. The urine would be limited by the inflammation and consolidation of the surrounding cellular tissue; and he illustrated his remark by the passage of matter from the liver through two layers of peritonæum, the diaphragm, both layers of the pleuræ into the bronchial tubes of the lungs without having been effused into the cavity of peritonæum or pleuræ, (or the parenchyma of the lungs.)

Dr. Johnson thought the abscess commenced in the corpus spongiosum and extended downwards and afterwards upwards, for the urine did not begin to flow until after two days.

Dr. Bolton thought the urine might have dribbled away in small quantity, mixed with pus, without being perceived, and after the pus was discharged and the fistula became more pervious, the urine began to flow.

Dr. Snead reported a case which had produced a great deal of excitement, and he wished the members of the society to form an opinion about it. Last Monday fortnight, sent for to see a young lady. There was very little fever, slight headache and sore throat, with general muscular pains. He was disposed to think the patient had taken cold, as she

had been some length of time in a cold building the Sunday previous. The catamenia were just commencing. Learned that the patient had taken calomel, followed by a purgative two or three days before. Prescribed magnesia, hot lemonade and pediluvium. Next day (Tuesday) increased fever, general condition similar—*genuine erythema of scarlet fever*—symptoms mild. Ordered some acidulous gargle. At night, fever increased and erythema extending. Wednesday morning—Fever increased; suffering from menorrhagia. Afternoon similar condition. Ordered magnesia and lemonade. Thursday morning—Passed a more restless night; fever still higher; observed slight exudation or ulceration on tonsils. Eruption extending over the person. Directed gargle at regular intervals, and warm pediluvium. 2½ P. M.—Eruption still wearing usual appearance of scarlet fever; observed a marked sloughing ulcer in the tonsil; feet and ankles covered with purpuric spots. These symptoms were certainly very alarming. I therefore expressed my apprehensions and desired counsel. Dr. Beale was then called in. 6½ P. M.—Croupy respiration and diptheritic exudation extending down into the larynx; directed hot poultice to the throat. 7 P. M.—Met Dr. Beale, who agreed as to the diptheritic character of throat affection and alarming condition of patient. Applied solut. argent nitrat. ℈ ij ad ℥ i to the throat. 11 P. M.—Throat affection slightly improved. Friday 8 A. M.—Re-applied argent. nitrat. Symptoms continue same. 2 P. M.—Throat affection improved, but all the other symptoms threatened a fatal result. The patient then, for the first time, complained of itching of the skin, for the relief of which Dr. B. suggested rubbing the surface with bacon rind, which was done. 7 P. M.—Observed considerable elevation of the eruption. Saturday morning—This elevation was still more marked and the purpuric spots much more extensive. Dr. Bohannan was then sent for. Met at 9 P. M., and gave him a detailed statement of the case; remarked that on passing the hand over the eruption he would never think it a case of scarlatina, but would be reminded of the first buddings of small-pox, although it was evidently not this disease. After examining the patient, Dr. B—n remarked, that if he had felt the surface in the dark without knowing the previous history of the case, he would have thought it small-pox, but pronounced it decidedly a case of scarlatina. Patient died that night. The papulæ were very thick, and seemed covered with vesicles filled with semi-transparent serum, having the appearance of sudamina; thought them produced by hemorrhagic tendency of the system. Patient died at the end of the fifth day from

the commencement of the eruption; very early for small-pox but not too early for scarlatina. In reply to a question by Dr. McCaw: the patient had not been previously exposed to either of these diseases.

Dr. Parker was at a loss to understand how any analogy could be instituted between this eruption and that of small-pox, on account of the distance between the papulæ of the latter disease. In the case just related they were thickly studded.

Dr. Bolton thought the appearance of an eruption like sudamina was mentioned as an occasional occurrence by writers on scarlatina*—had seen a case in which the papular eruption was so marked that it was pronounced measles. Remembered an epidemic of measles, which was followed by an anomalous eruption two or three weeks afterwards, very similar to that of scarlatina.

Dr. Otis resigned the office of secretary, and Dr. McCaw was elected in his place.

The society then adjourned.

B.

Notice of William Foushee, M. D.

We take great pleasure in presenting to our readers, at the beginning of this number, a lithograph of William Foushee, M. D., the second president of the Virginia Medical Society. Dr. Foushee was born in the Northern Neck of Virginia, on the 26th of October 1749. During his life, he filled many public stations. He was a member of the legislative and executive branches of the state government; for many years the indefatigable and able president of the James river company; president of the common hall of Richmond city, and for many years postmaster of the same place. On the 21st of December 1822, he was elected president of the Virginia Medical Society, and died on the 21st of August 1824, much regretted by a number of admiring friends.

* For a description of this form, see Watson's Practice, 3d Am. ed , p. 997. For a still more full description of this form of eruption, called by Sauvage and others *scarlatina variolosa*, in which its resemblance to *varicella* is pointed out, see Library of Practical Medicine, vol. 1 p. 424.

Meteorological Tables for Richmond, Virginia---By D. Turner, Principal of Classical School.

Hours of Observation, 6 *A. M.*, 2 *P. M.*, 10 *P. M.*

Month.	Year.	BAROMETER, (172 feet above low tide in James river.) Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Day of maximum.	Minimum.	Day of min.	Range.	FORCE OF VAPOR. Millimetres. Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Minimum.	RELATIVE HUMIDITY. Saturation—100. Mean.	6 A. M.	2 P. M.	10 P. M.	Minimum.	Saturations.	Fogs.	Lun. halos.	Sol. halos.	Aurora borealis.	Peaches in bloom.
March,	1851,	29 962	29.978	29.949	29.960	30.342	26	29.504	18	.838	–	–	–	–	–	–	–	–	–	–	–	–	0	0	0	0	2d
"	1852,	29.859	29.889	29.819	29.869	30.511	4	29.153	24	1 358	6.4	6.3	6.4	6.5	13.9	1.8	67	81	49	73	9	3	1	1	0	0	10th
"	1853,	29.791	29 814	29.759	29.801	30 263	10	29.325	18	.938	6.1	5.9	6.2	6.2	11.9	1.5	71	85	53	77	22	8	0	0	0	0	18th
"	1854,	29.845	29.886	29.815	29.836	30.316	29	29.191	17	1.125	7.8	7.0	8.2	8.1	15.3	3.1	72	85	54	75	24	4	1	1	0	0	9th
	Mean,	29.864	29.892	29.835	29.866	30.358	–	29.293	–	1.065	6.8	6.4	6.9	6.9	13.7	2.1	70	84	52	75	18	5	¼	½	0	0	10

Month.	Year.	THERMOMETER. Mean.	6 A. M.	2 P. M.	10 P. M.	Maximum.	Day of maximum.	Minimum.	Day of minimum.	Range.	At 32° or below.	At 70° or above.	Temp. of hyd. water.	WINDS. Observations. N.	NE.	E.	SE.	S.	SW.	W.	NW.	No wind.	Strong winds.	High winds.	Gales.	CLOUDINESS. From 0 to 10. Mean.	6 A. M.	2 P. M.	10 P. M.	WEATHER. Clear days.	Cloudy days.	Variable.	Rainy days.	Th. showers.	Inches of rain and melted snow.	Inches of snow.
March,	1851,	51.3	43.8	60.2	50 0	81	31	35	20	46	0	7	–	3	10	2	4	18	32	8	7	9	0	0	0	3 7	3.9	4.4	2.8	9	2	20	9	1	6.360	0 01
"	1852,	48.7	42.5	57.5	46.2	78	14	25	21	53	5	7	–	7	14	4	5	11	28	4	13	7	4	0	0	4.9	5 1	5.7	3.9	2	2	27	10	1	3.411	0.50
"	1853,	47 0	40,3	55.9	44.9	78	31	21	15	57	6	5	–	9	6	0	7	12	30	8	20	1	1	2	1	4.3	4.1	5.6	3.3	5	3	23	8	0	2.368	1.50
"	1854,	50.0	42.5	59.0	48 9	79	10	23	29	56	6	7	52	10	8	2	5	10	33	11	12	2	4	4	0	4.4	5 0	4.5	3.7	7	3	21	8	2	2.148	0.0½
	Mean,	49 2	42,3	58.1	47.5	79	–	26	–	53	4	7	–	7	9	2	5	13	31	8	13	5	2	1	0	4.3	4.5	5.0	3.4	6	2	23	9	1	3.571	0.50

METEOROLOGY—*March* 1854.

Rain on the 4th, .08 inch, from the S., began 7 A. M., ended 3 P. M.

Thunder shower on the 8th, .18 inch, from SW., began 3½ P. M., ended 4½ P. M., attended with high wind.

Rain on the 9th, .03, from the SW. early in the morning.

Rain on the 10th, .15, from SW., began 9 P. M., ended 11 P. M., followed by considerable reduction of temperature and rapid rise of the barometer.

The wind was quite high during the day, blowing quite a gale at 2 P. M.

Thunder storm on the 16th, .75 inch, rain began (wind SW.) about 3 A. M., ended (wind SW.) 6 P. M. Between 3 and 4 P. M. a thunder shower passed over the city from SW. The lightning struck the tobacco factory near the northern end of Mayo's bridge, and also the factory of Dr. James Sizer, at the corner of 19th and Cary streets.

High wind on the afternoon and night of 17th, from SW., changing to NW. during the night, and blowing strong from that quarter during most of the 18th.

The thermometer fell from 66° at 10 P. M. on 17th to 27° at 6 A. M. on the 19th; the barometer rose from 29.191 to 30.186 during the same period. There was a violent gale at the north on the 18th, doing immense damage at Albany, blowing down or unroofing more than fifty houses.

Rain on the 22d, .75, began (wind E.) about 3 A. M., ended (wind NE.) 9 P. M., a continuous rain NE.

Ice was formed on the mornings of the 25th, 26th, 27th, 28th, 29th, wind being NW. and W.

During these cold days much of the fruit was probably destroyed. The early part of the month was warmer than the latter.

Rain on the 30th and 31st, .21 inch, began 9 A. M. on the 30th, ended 5 P. M. on the 1st of April; gentle and interrupted rain from NE.

A good deal of windy weather, and many sudden changes of temperature during this month. Many peaches and apricots were in bloom in the early part of the month, which suffered much from the cold weather near the close of the month.

Dr. Choppin reports two cases of *white swelling of the knee-joint*, which were cured by the *actual cautery*.

CASE I.—The patient was anæsthetized by chloroform and a dozen or more parallel linear cauterizations were made circumscribing the joint. The entire true skin was implicated in these operations; cold applications were made to the burnt surface. Three days after local anæsthesia was produced by a freezing mixture of snow and salt and the cauterizations renewed. Insensibility so perfect that the patient witnessed the burning of his flesh with much indifference. Very marked improvement followed each application of the cautery. It was repeated six times more, and the patient was discharged after seven weeks, able to resume his occupation.

CASE II.—Male, æt. 20; scrofulous; numbness and pain of knee; treatment by iodide of potassium internally and blisters and issues locally, persevered in for a month without success; knee enormously swollen.

Treatment.—Cod liver oil, generous diet and actual cautery as in Case I. Discharged in six weeks.

We observe that the *Lancet* has been excluded from the list of periodicals taken by the Royal Medico-Chirurgical Society. A resolution, or rather an amendment, was introduced by Mr. De Morgan, to the effect that "as the society was established for the promotion of science and to uphold the honor and dignity of the profession, it is of the highest importance that it should not in any way encourage the circulation of works the tendency of which is at variance with these objects; and inasmuch as the tone and spirit of the *Lancet* have not been such as to entitle it to the confidence of the society in these respects, the meeting recommends to the council its withdrawal from the list of weekly periodicals." It was sustained by its author, in an address which contained sound, wholesome reproof, uttered in a calm, dignified manner. He hoped the society would take such action as he had indicated, that "it may be a warning to all the journals, that in future they will not be allowed to run counter to the dignity of the profession in their own way." * * * * He thus censures the heads of the profession for their indifference. "Blame attaches, I say, to the heads of the profession for an amount of moral cowardice in not having used their influence in this matter. * * * * I say I have spoken to a large number of professional men on this subject, and in no single instance have I heard any difference of opinion as to the nature of the journal in question, and as to its influence on the profession, but I have heard a great many objections to the step which I am now taking." In regard to the encouragers of the journal, he well remarks: "One class argue that they may read it because respectable men communicate with it; and respectable men argue that they may send their communications because respectable men read it." The amendment was carried by a strong vote of 46 to 19. Immediately afterwards the *Medical Circular* shared the same fate.

We are surprised to perceive the unpopularity of the *Lancet* among the profession, as evinced on this occasion; no one appearing as its champion, even among those who voted against its expulsion from the halls of the society.

Without going into the merits of the question, we remark that we honor the gentleman above mentioned for the firm, dignified, manly manner in which he brought the matter to an issue. B.

Dr. Nott of Louisiana reports a case of *expulsion of a fish bone through the parietes of the abdomen*, proving clearly that foreign bodies may be thus discharged after having been taken into the stomach.—*N. O. Med. News and Hos. Gazette.*

M. Duchaussy attributes *prolapsus of the rectum* to loss of power of the sphincter ani, and attributes the cures by Dupuytren's method of excising folds of skin around the anus, and of Guersant's operation by four touches of the actual cautery, to stimulation of this muscle. He therefore suggested strychnine with a view to the same indication, and used it with complete success in a case of four years' duration. It was applied daily to blistered surfaces near the anus: gr. $\frac{1}{6}$, increased to gr. $\frac{1}{2}$ for a child at 11 years.—*Southern Med. and Surg. Journal.*

Dr. Stone of La. has applied the *trephine* successfully for *epilepsy*, produced, as he believed, by internal syphilitic ostitis. He had no return of the disease for twelve years. The disease having returned, the operation was repeated with a like result. In the last attack the periods between the convulsions became shorter until they recurred every week. The patient has been entirely free from them since the last operation, about a year.—*N. O. Med. News & Hos. Gaz.*

Case of Puerperal Convulsions treated by Tracheotomy.

Sir—I think the following case will not be without interest for your readers. It is to be regretted that the orifice made into the trachea was not of more ample dimensions. To prove availing it should be sufficient to remove *all* laryngeal dyspnœa during the paroxysms of convulsions, absolutely. It should also have been performed earlier, perhaps instead of the second blood-letting.

I am, Sir,
Your obed't servant,

Marshall Hall.

Buffalo, April 3, 1854.

Mrs. G——, a delicate woman, aged 29, was roused from her sleep at 3 A. M. March 7, by the escape of the liquor amnii, which was the first notice she received of the commencement of labor, having arrived at the full period of a first pregnancy; all seemed to progress favorably until about half-past nine; vomiting, yawning and headache being then

present. During this period her countenance was unusually pale, but these symptoms did not create alarm in the mind of the gentleman in attendance, until 9.30, when a most severe and sudden fit of convulsions attacked her, which lasted about an hour, in which *the face was very livid and suffused, and the veins of the head and neck much distended, the carotids beating most violently.* The general convulsions and contraction of the countenance were of the most fearful description. On my arrival a vein in each arm was opened, and finding the fits returning with great violence at short intervals, I resolved to empty the uterus as speedily as possible, and I practiced craniotomy and removed the fœtus. The placenta was expelled, by uterine action, in about five minutes; there was no hemorrhage; and the convulsions subsided. Consciousness was restored, and some gruel taken. She remained in this state for about an hour, when the convulsions set in again most violently. The jugular vein was opened, as well as a vein in the arm; the hair cut off, ice applied to the head, hot applications to the feet, cataplasms, &c. &c. &c. Terebinthinate enemata were administered; still convulsions returned, and I could but reflect upon the parallelism (to my mind) between this case and the epileptic cases in which Dr. Marshall Hall has recommended the adoption of tracheotomy; and as asphyxia was threatened *every moment*, and the constriction of the neck, and distended veins, &c. made each attack so perilous, I resolved to operate, though in the middle of the country, and without the usual appliances for so delicate an operation, which, also, was rendered more difficult by an enlarged thyroid gland. I, however, converted the silver tube of my caustic case (the end being removed) into a tracheal pipe secured by a tape, and with the aid of the few things my pocket case contained in addition to my penknife, I accomplished my purpose. Not a dessert-spoonful of fluid was lost, and *the moment the trachea was opened the relief was apparent in the countenance, which never after became in the least livid, neither did the veins ever become distended.* The fits did not, however, cease, but they became *less frequent*, and *less violent*, and it was evident that there was a marked diminution of suffering to the patient, and time given for the administration of remedies, which, however, ultimately proved of no avail, for the patient sank about noon the next day, having survived delivery about twenty-four hours.

I should mention that her case was complicated with bronchitis, having, fortnight before, taken cold and been coughing a good deal, and the quantity of muco-purulent secretion discharged from the operation was very great. There is also

another circumstance with which I was struck: the absence of convulsions during the time the cataplasms were smarting (while consciousness remained) as well as during the pain of the operation and the passage of the child and after-birth into the world. The first convulsion immediately followed a digital examination. Her nervous system had received a great shock about twelve days before, which had affected her very much. The convulsions ceased about one o'clock in the morning, and a state of coma continued to the last.

[*Buffalo Med. Jour.*

Uterine Sympathy.

BY EDWARD WARREN, M. D., EDINTON, N. C.

Many writers have denied, that an impression made on the mind of a pregnant woman can produce any effect on the fœtus, beyond that which may be ascribed to the operation of some physical and palpable cause. However specious and plausible their arguments may be, their inferences are opposed by an array of facts too substantial and imposing either to be set aside or passed over by those who will consider the subject thoroughly and fairly. It is possible that many ridiculous stories have been told in regard to the marks, alterations, &c. impressed on the child in utero, but these do not change the well established fact that, in some instances, such modifications have been produced, and are being effected daily throughout the world. It is denied that the connection subsisting between the fœtus and the woman is sufficiently intimate to render such a condition of things possible. Now, there might be something plausible in this objection, if it were not contradicted and nullified by the experience of all who have seen children resembling their parents both in feature, form, gait, and disposition. Surely, if "the connection" is strong enough to establish and perpetuate such a resemblance as this, it is sufficiently close and positive for the production of the other result.

The mistake which has been made by Buffon, Gerard, Parr and others, on this subject, arises from an attempt to determine the theoretical question, Can this thing be? instead of the practical one, Is it so? It is evident that the first question cannot be answered satisfactorily until the relations between mind and matter are fully understood and accurately defined. As the whole matter is involved in a mystery too

profound for the penetration of a finite mind, of course the connection between the intangible cause and the material result cannot be logically demonstrated. It has been for this reason that great minds have fallen into so glaring an error in regard to the influence exerted by the mind of the mother on the child in her womb. They have been unable to reason the thing out, and on that account have rejected it as impossible. The practical question, Is this thing so? can be more readily and most satisfactorily determined. Even if it is impossible to demonstrate that such a result must necessarily be produced, or to show why and how such things do occur, we cannot deny the fact of their existence, without impeaching the testimony of some of the most eminent and respectable men that have adorned and advanced the profession of medicine. Beside the mass of evidence furnished by medical men, Holy Writ itself gives an instance of this singular phenomenon. In Genesis, it is said that "Jacob took him rods of green poplar, and of the hazel and chestnut tree, and pilled white streaks in them, and made the white appear which was in the rods. And he set the rods which he had pilled before the flocks in the gutters in the watering-troughs, when the flocks came to drink, that they should conceive when they came to drink. And the flocks conceived before the rods, and brought forth cattle, ringed, streaked, speckled, and spotted." Thus the highest authority among men arrays itself against those who refuse to recognize the doctrine of uterine sympathy and maternal influence.

A number of instances in point might be mentioned in this connection, but a few will suffice for my present purpose. Millingen gives the case of a lady, who, during pregnancy, was struck with the unpleasant view of leeches applied to a relation's foot. Her child was born with a leech coiled up in the act of suction on the identical spot. The same author, on the authority of Bennett, relates the following instance of this sympathetic agency of mind on matter. A woman gave birth to a child with a large cluster of globular tumors growing from the tongue, and preventing the closure of the mouth, resembling, in every particular, common grapes; and with a red excrescence from the chest, like the wattles of a turkey. On being questioned, *before* the child was shown her, she answered that whilst pregnant she had seen some grapes, which she longed most ardently for; and that she had been attacked and alarmed by a turkey cock. Nævi materni frequently resemble fruits; and it is a well authenticated fact, that there exists a remarkable sympathy between them and what they represent. Some will actually assume a tinge of maturity when the fruit

is ripening, and become gradually more pale as it is going out of season. The same thing has also been said in regard to animal marks, which are not uncommon. For instance, they will present a deeper color when the animal by which they have been produced is mentioned or seen. From these facts, it appears that a mental impression is not only capable of directly reproducing itself, but also of developing a mysterious sympathy, the influence of which is felt and perpetuated so long as the organism concerned in its operations remains in existence.

The particular object of this paper is to add a few more instances to those already reported, for the purpose of contributing something towards the settlement of a question which has been so long mooted in the medical world.

There is a negro boy in this town, aged about ten years, in good health, and quite well grown, whose countenance bears a remarkable resemblance to that of a fox. The likeness is so great, that it strikes every observer at first sight, and attracts the immediate attention of all who see him. But this is not all: he walks and runs habitually on his hands and feet, like a quadruped, and is more active than most boys of his age who use their limbs in the ordinary way. He is solitary in his habits, shy in his manners, and of a cunning and roguish disposition. In almost every particular, some resemblance to a fox manifests itself; and when all the points of similitude are considered together, the likeness is most remarkable.

As soon as my attention was directed to him, I became interested in the case, and instituted enquiries in regard to the experience of his mother during her pregnancy.

From her, and other reliable sources, I learned that when in that delicate condition, her master secured a living fox, which he chained in a situation where she was compelled to see it daily during the continuance of her pregnancy.

The resemblance to the fox was plainly distinguishable when the child was born, and has continued to increase until the boy presents the appearance and peculiarities mentioned above.

Another case of a like nature came under my observation recently. A pregnant woman residing near this town saw a picture of a rabbit, with which she was exceedingly delighted. When her child was born, it was hare-lipped, and bore so striking resemblance to a rabbit, that the most casual observer could not fail to discover it at a glance. The infant attracted much attention because of this strange circumstance, and was visited and examined by many persons in the neighborhood. Among those who saw it frequently was another

pregnant woman; and when she gave birth to her child, it was marked in the same way, and bore a similar resemblance. The first child died early: the other is still alive and in good health.

I am acquainted with a young man, the first finger of whose right hand presents a very singular appearance. The end of it is devoid of everything like a nail, save in three points, which correspond in size and position to the eyes and mouth of a snake, and present almost an exact resemblance to the head of a serpent.

He says the account which he received from his parents and their contemporaries is, that when his mother was pregnant, a snake crawled into the house, to which she pointed in great alarm with the first finger of her right hand, and then fainted away.

I have no way of establishing this matter positively; but the young man was assured of the truth of the explanation, and I have every reason to consider it correct.

I have seen some cases in which the maculæ resembled fruit, and know of others in which fish were distinctly represented. In all of these, the effect of an impression made on the mind of the mother by some external cause, could be traced and established. Thus, a woman was fond of pears, and longed intensely for them during her pregnancy; when her child was born, a small pear was pendant from its ear, and the last finger of the right hand. Another desired to indulge in eating crabs, but for some reason was unable to gratify herself in that respect. Her child had the figure of a crab distinctly marked upon it, and bears the nævus to this day.

In view of these facts, it is apparent that the duties of a mother begin even before the birth of her offspring. Since mental impressions are so easily transmitted and reproduced, it is as important that she should cultivate kindly feelings and elevated sentiments, during the existence of her pregnancy, as to adorn herself with the noblest and loveliest virtues for the imitation and improvement of her living child. She should avoid all causes of excitement, shun every source of disquietude, and labor to preserve a calm, composed and peaceful state of mind. In a word, she should endeavor to develope in herself that temper, disposition and intellect which she would most desire for the being she is about to call into existence, and around whom the holiest ties, the fondest hopes and the purest love of her heart must concentrate forever. I do not mean that she can absolutely endow her child as her affections would dictate or her judgment suggest; but

it is impossible to consider the intimate union existing between the mother and the being within her bosom, and the mysterious influences which manifest themselves in that connection, without concluding that something may be done towards moulding the mind and character of the babe in utero, which will affect its subsequent destiny. History hardly presents a great name, whose talents were not directly derived from his mother, and whose character was not developed under the fostering care of maternal influence. Nor is this all: there is scarcely a man mentioned either in modern or classic story, with whom dark and terrible deeds are associated, who did not learn his first lessons of iniquity from the frail daughter of humanity to whom he was indebted for his being. These facts are ominous, and should speak volumes of eloquent truth to the world.

I have thus endeavored to give a few facts which bear on the subject of uterine sympathy. I suppose every physician in practice has met with many similar and perhaps more interesting examples. If all would make public their experience, great benefits might result to the profession; for light would be thrown on one of the darkest problems of medical philosophy, and a question determined, immensely important in itself, and which must prove a source of difficulty and dispute until all the facts connected with it have been observed and analyzed.—*Am. Med. Monthly.*

On a New Method of Determining the Quantity of Urea in the Urine.

BY JOHN W. DRAPER, M. D.

Much attention has of late been paid to the methods of determining the composition of the urine, it being very generally acknowledged that if we possessed the means of a quick and accurate analysis of it, we should be able to settle many contested questions, both in physiology and pathology.

Among the constituents of the urine, the nitrogenized bodies, urea and uric acid, are perhaps of the greatest interest, for they represent the waste which has taken place in the soft tissues generally. Accordingly from time to time new processes have been published for the estimation of these bodies, and more particularly of the first—urea. The methods recommended in the works on animal chemistry and organic

analysis are, however, very far from satisfactory. Thus Simon, in his *Chemistry of Man*, effects the determination of the quantity of urea by forming the sparingly soluble nitrate, and Bowman, in his medical chemistry, resorts to the acetate, but both of these are very tedious and very disagreeable operations, and what is worse, uncertain in their results. Liebig has recently recommended the ternitrate of mercury, but the preparation of the test liquids is troublesome, and since the estimate eventually depends on the production of a particular tint or shade of a yellow color, it cannot be exact.

There are, however, some simple methods which will give absolutely accurate results. These all depend on the principle that urea and uric acid, when brought in contact with nitrous acid, undergo immediate decomposition with a brisk effervescence, owing to the escape of carbonic acid and nitrogen gas.

The quantity of these nitrogenized principles in the urine may be ascertained by determining the quantity of carbonic acid or of nitrogen thus set free, during the destructive decomposition of urea and uric acid by nitrous acid. Forty-four parts of carbonic acid, or twenty-eight of nitrogen, answer to sixty of urea.

One of these methods, which is extremely exact, I have recently described in the London and Edinburgh Philosophical Magazine. It is to conduct the disengaged carbonic acid into water of barytes, and weigh the resulting carbonate of barytes.

I have also, in examinations which I am constantly making of the urine, frequently resorted to the other plan of estimating the urea, from the quantity of nitrogen set free; and this I have done in two different ways: 1st, by determining the quantity of nitrogen by weight; or, 2d, by volume. The following is a more particular description of each of these:

A liquid suitable for the decomposition of urea is easily and economically prepared by taking a single cell of Groves' voltaic battery, and placing strong nitric acid in the porous cup, and otherwise charging the cell in the usual way. After a few minutes the nitric acid turns green, becoming charged with nitrous acid. It is then to be decanted for use. If this liquid be poured into urine, filtered from its mucus, or into a solution of urea, a brisk effervescence sets in, and if a sufficient quantity of acid is used, so that red fumes are disengaged, the urea is totally decomposed, carbonic acid and nitrogen gases escaping.

In the first of the preceding methods, viz: that of determining the urea from the weight of the nitrogen, a known

weight of urine (2 grammes,) filtered from mucus, is placed in a bottle containing a tube filled with the nitroso-nitric acid above described; from the bottle a bent tube conducts the escaping gases through potash water, and then through a chloride of calcium tube. The operation is conducted in the manner well known in laboratories for the analysis of a carbonate; the loss of weight of the whole apparatus gives the quantity of nitrogen which has been set free. This operation requires about half an hour, and is quite exact.

In the second method, viz: that of determining the urea from the volume of the resulting nitrogen, the operation is essentially the same, only instead of letting the nitrogen escape into the air, it is received into a gasometer, and its quantity ascertained. As conducted in my laboratory, the amount of urea in a sample of urine may thus be determined in from ten to twelve minutes, and with certainty, to one-thousandth part of the weight of the urine; a degree of exactness far beyond that of the old processes, and an expedition which at once recommends this method to the physiologist and pathologist.

The efficiency of the Sulphuric Acid in Diarrhœa.

BY GOODEVE BOWRA, ESQ., M. R. C. S. E.

As much has been said and written lately on the treatment of diarrhœa, I beg to offer my testimony on the happy effects of sulphuric acid on persons of all ages, with the full conviction that it is the quickest and most palatable, consequently the best remedy for that disease.

I was requested two years ago to send medicine to a young lady subject to diarrhœa, who had taken a passage to China in a ship not carrying a surgeon. Thinking there must be some mistake, I went on board the vessel and saw the chief officer, who thought himself quite competent to treat (from books and a medicine chest) any disorder likely to arise on the voyage. On asking this gentleman what he would do in cases of diarrhœa, his off-hand reply was, "Never care for that; always carry plenty of sulphuric acid on board, and I have never known it fail."

On the same evening I was called to a lady, seventy-five years of age, very subject to these attacks, which always lasted a week or more, and as it was of great consequence

she should return into the country in two days, I made up my mind to try the sulphuric acid, believing I should not be more successful with the old chalk mixture than her medical friend at home.

The following morning I found her up, and so much better that she had only taken two doses; I gave her a third; which completely cured her. Since then I have used nothing else (save mustard poultice) in all cases, either with or without pain, both in private practice and at an institution to which I was attached, and I confidently state that during the whole period I have used it I have not met with an unsuccessful case. The only difficulty is to persuade some people that acids would not increase their disorder, particularly those accustomed to the old chalk and aromatic confection treatment.

I now constantly recommend patients subject to diarrhœa, or who are nervous about cholera, to keep a bottle of the sulphuric acid mixture in the house, and on the first symptom of their complaint instantly to take a dose, which is generally sufficient to effect a cure. Many of these patients (I fear jokingly) tell me they shall expect double charges, as two or three draughts of the acid mixture have more effect than the same number of bottles of the chalk mixture; and I may add, I feel so satisfied with the success of a two years' trial, that I have no hesitation in asserting it as my full belief, that deaths from cholera and diarrhœa would be very materially diminished if the authorities would appoint an agent in all poor neighborhoods, to give a dose of the sulphuric acid mixture to every necessitous applicant suffering from bowel complaint. They would have plenty of persons desirous of availing themselves of this remedy, if I may judge from the gallons I gave away last summer.

P. S.—It may be as well to state that the cost of the above remedy is one shilling a gallon, or thirteen doses a penny. If administered as on board the vessel to which I have referred—that is to say without any coloring matter—the six gallons of mixture will cost one penny, so that the expense to be incurred by the government in relieving the suffering poor would be but trivial.

Quinic Ether.

A discovery which has lately been made in Italy, and which has excited much attention, is illustrative of the results of perseverance and industry.

In the month of June 1852, a young man, M. Louis Manetti, a student of the University of Pavia, happened to witness the death of a patient with congestive fever, who died apparently from the impossibility of introducing into his system in a short time a sufficient quantity of quinine. Manetti was struck with the idea that the principle of the bark might be effectually administered through the medium of pulmonary absorption. Encouraged by Professor Pignacca, Manetti began a series of investigations, the result of which are detailed in a letter from Prof. Pignacca to Dr. Stambio of Milan, a translation of which is found in the "Annales de la Société Medicale de Gand."

Professor Pignacca has called the new agent for inhalation *Quinic Ether*, probably for want of a better name, for it is not, properly speaking, an ether, and its positive chemical composition is not known. It is a liquid of a special inconstant odor, and is obtained by the distillation of quinate of lime (*quinate de chaux*) combined with alcohol; and is analogous to the etherial bodies in general, volatilizing like them.

Professor Pignacca states in his letter that he has administered this fluid by inhalation to eight patients; seven of them had tertian intermittent fever, the last neuralgia of the fifth pair. The neuralgia was of an intermittent type. The remedy acted admirably both in the cases of fever and in the case of neuralgia.

The quantity of the agent given is about a scruple at a time, repeated three or four times a day. It is administered in the same manner as chloroform, and it produces sensations somewhat similar.

Professor Pignacca concludes his letter by saying: experiments in the wards of the hospital at Pavia are being made by himself and other physicians, and many observations have been collected, all of which will be embodied in a memoir, soon to be published by Louis Manetti.

N. O. Med. News and Hos. Gaz.

Dr. Hazlett of Wheeling treats *suppurating buboes* by puncturing at the most dependent point, and injecting with a solution of nitrate of silver 25 grs. to the oz. He has seldom had occasion to use the injection more than once, never more than twice.—*Phil. Med. Ex.*

Quarterly Report on Forensic Medicine, Toxicology, &c.

REPORTED BY W. B. KESTEVEN, M. R. C. S.

I. INJURIES, WOUNDS, DROWNING, BLOOD-STAINS, ETC.

Laceration of the Liver—Recovery—Death from other causes—Autopsy.—The following case, which is related by Mr. Hammond, a dresser to Mr. Hilton at Guy's Hospital, presents features of great practical interest to the medical jurist. The fact of the healing of so grave a lesion as accidental laceration of the liver, leaves room for the inference that a wound of the same organ might likewise heal, and the patient do well, if he escape the immediate consequences of hemorrhage.

A man, aged 33 years, fell from a height of thirty-five feet, to the ground, upon his right side. He was immediately put into a cab, and taken to Guy's hospital. When admitted, he was in a state of collapse; complaining of great pain and tenderness in the centre and right side of the abdomen. A wound about an inch and a half was observed above the right eye-brow, laying bare the bone. The patient was kept for several days without any other food than a little simple fluid, now and then, to allay thirst. Opium and mercury were administered, and leeches were applied. By the fourteenth day all symptoms referable to the abdomen had disappeared, but others showing cerebral mischief had supervened, and from which he died on the thirty-eighth day after the occurrence of the accident. On post-mortem examination, extravasation of blood and recent suppuration of the brain were found, besides other appearances denoting old-standing disease. These, and other important facts in this case, our space compels us to pass over, that we may confine our attention to the reparation of the injury done to the hepatic structure. The abdominal cavity did not present any traces of inflammation, but a slight degree of laceration had been suffered by the serous and muscular coats of the duodenum. The cæcum and colon exhibited the traces of ecchymosis. The liver had been torn or broken on its convex surface, from the margin near the fundus of the gall-bladder obliquely backwards towards the left side, to the extent of three inches, a part of which was adherent to the diaphragm by recent but firm adhesions. At that part of the laceration nearest to the acute margin of the organ, the edges of the wound were separated from each other to the extent of about three-quarters of an inch, and not upon the same level; this separation gradually diminished until it became a mere crack or fissure, losing itself in the substance

of the liver. In the gap of the broadest fissure, an insulated portion of liver-structure seemed to have been detached from the surrounding parts at the time of the injury, and to have remained, forming a rounded and abrupt elevation, detached from the neighbouring textures, except at its base, where it rested on the subjacent liver structure. The lacerated surface was closed in and covered over by recent false membrane, but the rough edge of the laceration separating it from the smooth convex surface of the liver, was very strongly and satisfactorily marked.—*Lancet.*

Detection of Blood-stains on a Knife covered with Rust.—M. Daubrawa was requested to ascertain the existence of blood-stains on a knife which was suspected to have been used in the commission of a murder. The knife having lain a long time in a damp place, was rusted; but certain bright rust-free spots could be distinguished amidst the rust. On heating the point of the blade, these spots scaled off while the rust remained adherent; on the other hand, on immersing the knife in dilute hydrochloric acid, the bright spots remained untouched, although the rust was readily dissolved. It was probable that these bright spots were blood-stains; but as some non-nitrogenous organic acids will produce similar marks, some of the detached scales were heated in a test tube, and by the disengagement of ammonia from the hæmatine of the blood, caused a blue color on reddened litmus-paper. The whole blade was then macerated for a long time in distilled water, which acquired a reddish discoloration; and by the aid of a lens, fibrine could be seen adhering to the blade in the situation of the bright spots. Ammonia added to the solution caused no precipitate; nitric acid gave a white precipitate; it became turbid from heat; solution of chlorine at first produced a green tint, this colour then disappeared, and white flocculi were deposited. These different fluids having been evaporated to dryness and burnt, and the residue dissolved in hydrochloric acid, demonstrated the presence of iron by its appropriate reagents.—*Journal De Chimie Médicale.*

Detection of Blood-stains on Garments.—M. Morin has related a series of experiments to illustrate the mode of detecting blood-stains from which the coloring matter has been removed by boiling water. Some human blood was received on a cloth as it escaped from an open vein. The stains were after some hours washed in water, at a temperature above that required for the coagulation of albumen; they were then immersed in boiling soap and water, and afterwards in cold

water, until the water presented no longer any opoline tint. When dried, the spots were firmer in consistence than the surrounding tissue. These portions having been cut out, and macerated in distilled water for a considerable time, the fluid acquired no discoloration, nor did the application of heat give any indication of a trace of dissolved albumen. Macerated in a solution of potash, the addition of nitric acid occasioned a white precipitate.

Blood-stains on garments that have been washed, do not, by this alkaline treatment, lose what color they may have retained. The tests for iron will detect the presence of this metal as the cause of their color.

The coexistence of iron and a protein element in suspected stains, furnishes an important element of the proof of culpability.—*Journal de Chimie Médicale.*

Glycerine in the Detection of Blood-stains.—Dr. Alfred Taylor has informed the writer that he has employed pure glycerine in medico-legal enquiries, as a means of separating blood-corpuscles, and has found it serviceable in that respect, from its drying; a property of that fluid of considerable practical importance in the examination of blood-globules under the microscope, or by the help of a lens, as the globules are in no wise altered in form or size thereby.

On Bloody Footprints of the Feet, and their Measurement.—Dr. Causse having had occasion to examine the bloody footprints of a naked foot on the floor of an apartment, in order to ascertain its correspondence with, or difference from, the foot of a certain individual, has contrived a plan which he considers certain to arrive at the truth in all similar investigations. The main features in this plan consist in taking the measurement, by a line passing along the inner border of the foot, and joined at right angles by a series of lines traversing the sole of the foot. Dr. Causse has devoted a vast deal of time to this subject, and has illustrated his observations by diagrams, showing the mode in which the measurement of the minutest points are accurately taken.

Annales d'Hygiène, &c.

Fibrinous Concretions in the Heart, as the result of Suicide by Hanging—At a meeting of the Medical Society of London, (Dec. 10th) Mr. B. W. Richardson related the case of a man who was cut down after a quarter of an hour's suspension. Intense vascular reaction set in a few hours afterwards. The man lay in a perfectly inactive state, breathing rapidly (sixty

in the minute,) pulse beating with great frequency, the temperature of the surface increased. Mr. Richardson was of opinion that, with these signs of increased combustion, the blood would become super-oxidized, and that the case would terminate rapidly by sinking from fibrinous concretions in the heart. This took place at about sixty hours after the suspension. On examination of the body, the brain was found highly congested, and serum effused under the arachnoid. The lungs were congested. The right auricle was distended with coagulated blood to nearly three times its natural size. In the right ventricle there was found a large, firm, fibrinous cylinder, which filled up more than one-half of the ventricle. The base of the fibrinous cylinder was attached to the mitral valve, and it had not been detached. Long prolongations of a similar kind ran into the pulmonary artery.

Medical Times and Gazette.

II. INFANTICIDE.

Fractures of the Bones of the Cranium in a newly-born infant. An inquest was recently held in Islington, before Mr. Wakley, on the body of an infant, whose death, there was reason to believe, had been caused through violence willfully inflicted by the mother. On examination of the body, it was found that unusually extensive and numerous fractures of the bones of the skull had given rise to extravasation of blood within and beneath the membranes covering the upper and lateral surfaces of the brain. There was ample evidence that respiration had been fully established; it was indeed admitted by the mother, that the child had been born alive; its death she alleged had been occasioned by its having fallen into the pan of the water closet, where she asserted that she was seated at the moment of its birth. Although the cord was torn at the distance of four inches from the navel, this explanation was inadmissible, as the distance of the fall was too small to have occasioned such a result, since the force of the fall would obviously have been interfered with by the obliquity of the direction of the child's exit from the maternal outlet, whereby the child's head would have been brought in contact with the side of the pan, down which it would have glided safely to the lowest parts. There were other circumstances which threw a serious doubt upon the whole of the woman's statement. It was clear that such an accident as that mentioned could not have given rise to such extensive injuries as were discovered. These were as follow. Over each orbital ridge, the frontal bone was fractured horizontally to the

length of about an inch. On the right frontal prominence, the bone had been driven in to the extent of three-quarters of an inch, in the form of an acute wedge-like fracture. The parietal prominences were both fractured vertically to the length of an inch and a quarter; on the left side this vertical fracture was connected at its lower end with another of about the same length, joining it at a right angle, and passing horizontally forwards to the edge of the bone. There were several minor fractures of all the bones forming the superior and lateral portions of the skull. These were not connected with each other, nor did any of them present a stellate character. No fractures were detected at the base of the cranium.

It was a matter of surprise that such lesions as are here described should have existed without any trace of injury to the scalp; which presented only the ordinary *caput succedaneum* belonging to a hard labor. No evidence was obtainable as to how these fractures of the skull had been occasioned. The medical witness (the writer) could only assert that they were the cause of death, and that they could not have been produced in the way alleged by the mother. All beyond this was mere speculation; it is not conceivable how they could have been accidentally caused. On the other hand, any suggestions making them attributable to willful violence involved a degree of atrocious cruelty, and of total absence of natural feeling in the mother, from which we willingly seek refuge, by giving the accused the benefit of the doubt arising out of the want of evidence. The verdict of the coroner's jury was in accordance with these views: that death had been occasioned by fractures of the skull; but that how these were caused there was no evidence to show.

British and Foreign Med. Chir. Review.

Case of Complete Prolapsus Uteri in Pregnancy--Safe Accouchement.

BY N. CHAPMAN, M. D., BROOKLYN, N. Y.

Mrs. W., healthy, spare habit, and mother of three children, came under my observation during her second confinement. My attention had been called to nothing unusual in her case. I saw Mrs. W. on the 19th November 1849; she remarked that her womb had been down for three weeks, with a constant bloody discharge, rather freer than the menses, but natu-

ral in appearance. For three weeks she had been constantly on her feet attending to her household affairs. During the three weeks she had made many efforts to reduce the womb, which from its size and tenderness were ineffectual. I directed her to keep her bed till the next morning, and in the mean time foment the womb constantly, when I would call again and reduce it.

Nov. 20th.—On examination I found the womb of the size of the two closed fists, completely external to the body. My thumb and fingers could meet above its fundus, external to the vulva, having only the inverted vaginal walls and ligaments of the womb between them. When she was erect the womb must have extended nearly to her knees. At the time, I supposed the enlargement of the womb arose from its strangulation and congestion. It is proper to remark, that Mrs. W. said she had been subject since her first child was born to an almost constant prolapsus when she was on her feet, which she never before had found trouble in reducing. I affected the reduction without much difficulty; applied a compress over the vulva, with a T bandage, and directed her to get up after two or three hours.

Nov. 21st.—Immediately on Mrs. W.'s arising, the prolapsus recurred again. I directed her to lie down, and then found the womb more irritable and larger than before. I reduced it immediately, but with considerable difficulty and the exertion of some force. She was directed to keep the recumbent posture and use astringent injections; a putrid discharge followed and continued five days. On the 4th of December she felt life, fifteen days from the first reduction. After this time she was allowed to get up, and I discontinued my visits after the 8th.

On the 15th of March I was called to Mrs. W. again. She said that she had continued feeling life stronger and stronger every day since I had last seen her; that the womb had been down many times since my last visit, but that she had been able to put it back; that now it was down much worse, and of greater size than ever before, and she could not reduce it. Besides, she had labor-pains that recurred every ten minutes. I found the fundus uteri as high as the umbilicus; the neck of the womb, external to the genital fissure, something larger than the two closed fists. Through the os uteri, I could feel the child's head resting on the rami of the ischium and pubis. As I failed to reduce the uterus while she lay in bed, I directed her to turn on her face, resting on her knees and shoulders, in which position I easily succeeded. On examination I felt the os uteri dilated to the extent of a circle two inches in diame-

ter. The pains gradually subsided, and in two hours time the os uteri had contracted to the size of half a dollar.

On the 29th of March she was taken in labor and delivered of a strong, vigorous female child, weighing six pounds. She must have been at her full term from the development of the child's head; the posterior fontanel was closed, and the anterior was no more open than usual. No prolapsus occurred during the labor, but the womb rested low in the pelvis. Mrs. W. said that the womb had come down every two or three days since the reduction in November, and also that in March, but that by lying down she could reduce it. Probably after the reduction in November the prolapsus was only partial. During her whole gestation the child's head undoubtedly rested on the perineum, as she remarked that it always seemed to her that she sat on the child when no prolapsus existed.

She was delivered 130 days after the reduction in November, consequently allowing 280 days for the term of gestation, she was in November advanced 150 days, or 21 weeks and three days, or about five months. At this time, it is to be recollected, when she was five months advanced in pregnancy, the womb had been completely external to her body, hanging nearly to her knees for the space of three weeks; and during this time she continued about her house every day, suffering nothing more than the inconveniences of dragging pains, the discharge, and the obstruction to walking, from the bulk of the womb and its tenderness.

The most important feature of the above case is, that a delicate woman, five months advanced in pregnancy, carried her child for three weeks external to her body; performed all her own house-work during that time, and neither miscarried or suffered much inconvenience, except soreness from the uterus being chafed.

Similar cases may, for ought I know, have been placed on record, but they must be of infrequent occurrence. They are instructive as showing the powers of nature to accomplish her purposes under the most unfavorable circumstances.

N. Y. Jour. of Med.

☞ No article written on both sides of the paper can be inserted in the Stethoscope. We wish, therefore, that one side only of the paper be used, and that all words—particularly technical ones—be written PLAINLY.



Lith. of Ritchies & Dunavan

James Henderson

THE

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Hydrorrhœa.

BY J. L. TWYMAN, M. D., OF AMHEST, VA.

On the 4th day of July 1853 I was called to see Mrs. —— who supposed herself to have been pregnant a month or more, and who had just had a watery flow from the vagina, represented to be, in quantity, a little less than a pint. A short time previous to the occurrence she felt some uneasiness in the back and lower part of the abdomen, but was not sufficiently inconvenienced to cause her to go to bed, nor did she apprehend any unpleasant occurrence, till she found a sudden flow of water from the vagina. The principal part of the water was discharged in a quarter or half hour, but there was a slight dribbling till some time the next day. The fluid evacuated was represented to be as thin as water, semi-transparent, and was found, upon examination, to have produced a faint, reddish stain upon the linen. About four weeks before that time she had a similar attack, and voided water in the same way, but not so much as at this time.

I saw her a few hours after the vaginal discharge; found her in bed, complaining of general weakness, pain in the back and lower part of the bowels; made no vaginal examination—supposed that nothing could be detected by it at this period of the pregnancy—gave her a quarter of a grain of sulphate

of morphia, advised her to keep still in bed, to have the windows of her room hoisted, as the weather was warm, and to use cold acid drinks. After remaining in bed about a week she was able to get up and go about as usual. This lady was about twenty years of age, fair skin, blue eyes and delicate frame, was married the December preceding, had menstruated somewhat irregularly till about the first of April, which was the last time, and afterwards suspected herself to be pregnant. She had no further return of the discharge after the 4th of July; soon had unequivocal symptoms of pregnancy, and on the 21st of January last was delivered of a healthy, well-formed female child of medium size. Both mother and child did well. As she lived out of the range of my practice, and returned home before her confinement, I can say nothing in reference to the character of her accouchement.

Estimating the term of utero-gestation in this case at nine calendar months—the child being born on the 21st of January 1854—the mother was impregnated on the 21st April preceding. At the time of the first vaginal evacuation, which was about the first of June, she had been pregnant forty days, and at the second, which took place on the 4th July, seventy-four days.

Different opinions have been entertained by different writers upon this subject, as to the influence which is exerted by these watery discharges, or their causes, upon the well being of the mother and the fœtus. The opinion prevails with many, not only with the populace, but among the profession, that any copious discharge from the womb, antecedent to the full term of utero-gestation, is necessarily followed, in a short time, by abortion or premature labor. Such, however, is not the fact. Many cases are on record, in which the woman lost a large quantity of a serous fluid daily, and for a long time, without any injurious effect upon either the mother or child. Out of many cases which might be referred to, to establish the position that such discharges are borne for a long time, without any pernicious effect upon either the mother or fœtus, the following may be cited: "A woman, 28 years of age, was seized in the 4th month of pregnancy, with a discharge of clear lymph from the vagina, so that she voided of this transparent fluid about two pounds daily. On the third day after the accession of the flux, she was attacked with fever, in consequence of which it sustained an inconsiderable diminution in its quantity, but was not suppressed. The fever was repressed by bleeding and the use of cinchona bark. The flux of lymph, however, continued during the whole of her pregnancy; but during the latter months, only in the quantity of about half a

pound daily. About the 8th month, the patient fell into a violent passion, which was followed by the accession of labor pains, and was delivered of a healthy living child soon afterwards." *Comment de Rebus in Scient. Nat. et Med. vol. iii, p.* 648: *Leipsic*, 1754. Quoted by Churchill—Diseases of Pregnancy and Childbed.

Here, then, is a case in which, from the 4th month of pregnancy to 8th, when the child was born, there was a loss of fluid varying from a half pound to two pounds daily, without the destruction of either the mother or child. Some obstetricians, on the other hand, think such cases are attended with great danger. Dr. Davis, a distinguished obstetrical practitioner of London, says: "The escape in dribbling quantities, of an aqueous fluid, similar to liquor amnii, for many weeks or months before the accession of labor, is, in most cases, a dangerous, and often a fatal affection of the pregnant state."—*Obstetric Medicine.*

Churchill, in commenting upon this opinion of Davis, says, "it is at variance with other authorities, who do not generally consider it of so serious a character."

Diseases of Pregnancy and Childbed.

Cases of the character of those above described are quite rare, the writer never having seen but the one in more than twenty years' practice—but a *few* have been observed by many practitioners, among whom may be mentioned Heberden, Burns, Davis, Siecbold, Velpeau, Naegilè, Churchill and others.

The pathology too of this affection is yet an unsettled question in medicine. By some it is considered a discharge of the amniotic liquor, which escapes either by transudation or by rupture; others look upon it as coming from the cavity of the chorion. Churchill says, "it is considered by some to be an excessive secretion from the glands of the cervix uteri," while he himself thinks "it not improbable that it may have its seat in the lining membrane of the vagina." M. Velpeau is of opinion, that in a large number of cases the source of the flow is in the cavity of the decidua, while M. Naegilè of Heidelberg suggests that the fluid is secreted by the uterus itself, and this fluid, by gradually detaching the membranes from its inner surface, finds its way down into the vagina, whence it escapes.

Whatever may be the source of the flow in some cases, it is almost certain in others that it is derived from the amnios. The editor of Gooch's Midwifery, at page 94, says: "A case has fallen within my knowledge, in which the membranes ruptured and the liquor amnii discharged at the fifth month

of pregnancy; trifling portions of this fluid continued to be discharged at frequent intervals during ten subsequent weeks, at the end of which time a living child was born, which survived about ten days. There was no appearance of liquor amnii at the time of the delivery." Many other cases might be adduced corroborative of the same opinion. Dr. J. Young of Chester, Pennsylvania, mentions a case wherein the membranes, as he thinks, were ruptured the first of April—the woman then being two months gone—and the water continued to flow moderately almost constantly till the last of October, when she gave birth to a living child. At the time of the birth there was no sudden gush of the waters, but the case was, in every respect, similar to an ordinary labor, in which the waters had been recently discharged.

Am. Journal Medical Sciences, N. S. vol. 23d.

These two cases very much favor the idea that the discharge is from the cavity of the amnios; but it is not improbable that the source of the flow in other cases is from a different cavity or part of the uterine apparatus, inasmuch as, in some, attended by frequent, copious and long continued discharges from the cavity of the womb, when labor came on, the membranes protruded through the ostincæ in the usual way, finally burst, and gave vent to the ordinary quantity of liquor amnii. As there is, in all probability, no reparative process by which the torn edges of the amnios could ever again, after being once ruptured, become so united as to retain the liquor amnii, we can hardly resist the conclusion, in those cases in which quantities of water had been discharged long antecedent to the birth of the child, that the existence of a "protruding bag of waters" at the time of the birth, is proof pretty positive that the evacuation in preceding stages of utero-gestation was *not* from the cavity of the amnios.

If the discharge ever take place from the vagina, as suggested by Churchill, can it be upon the principle of endosmose of the serum of the blood? The experiments of Poiseville establish the fact that endosmotic action takes place through animal tissues from the serum of the blood, to Seidlitz water, and to solutions of sulphate of soda and common salt. Upon this physical law, he thinks, those substances act when taken internally. The endosmose, in this case, takes place through the capillary vessels of the intestine, from the serum of the blood, to the saline solution introduced into the alimentary canal.—*Matteucci's Lectures on the Physical Phenomena of Living Beings*, p. 78.

Would it be more strange, in the event of some peculiar

chemical action taking place in the secretions of the vagina, that endosmose of the serum of the blood might be established through the mucous tissue of that organ. This is thrown out as a suggestion, not as an opinion.

As cases of the disease noticed in this communication are seldom met with, I have thought it may be read with some interest by a portion, at least, of the junior members of the profession.

May 25th, 1854.

Reflections on an Epidemic

Which prevailed in Norfolk and Nansemond counties in the spring of 1854, and in the latter part of the preceding winter.

BY A. T. FOSTER, M. D.

Our neighborhood has just passed through a scathing visitation of disease. In the hurry and confusion attending an over-crowded practice, there has been little opportunity for reflection, beyond such as pertained especially to individual cases; and now, in retrospecting the last three or four months, there arises a mass of heterogeneous matter—"rudis indigestaque moles,"—which it is desirable to arrange into order, so that it may become available as experience; a beacon to guide, and it may be, to warn. This experience, be it little or much, belongs to the profession. Humanity, and the imperative duties of a calling which, in its essence, is unselfish and devoted, demand that every member of our brotherhood should contribute his mite to the general fund of medical information.

During the last autumn there was, in this vicinity, an amount of remittent and intermittent fevers unprecedented in our medical life, some of the early years of which were passed in the state of Mississippi. Throughout the past winter, and up to the present time, there have been as many cases of these diseases as usually belong to the fall season. Passive dropsies, erysipelas, and all that train of anomalous affections, so well known to the practitioner in miasmatic regions, as the sequelæ of miasmatic influences, have abounded. We have experienced sudden and great variations of atmospheric temperature, while generally the air has been loaded with moisture.

About the first of February there was a sudden onset of inflammatory diseases of high arterial action, bearing, demanding, and, generally, promptly relieved and cured by,

vs. and depletory adjuncts. Nor did any one of the three great cavities seem to invite a disproportioned share of attack.

Towards the last of February the cases of disease began to present different features. Thoracic affections held the foremost rank. There was more disposition to complication of affections. And there was a great tendency to change, in the location, of pain, and often of functional derangements. While to-day there would be dyspnœa and unhealthy expectoration, to-morrow there would be abdominal tenderness, with or without slimy and bloody discharges; or intense headache, intolerance of light, delirium, phrensy, coma. Depletion, as the general rule, began to be less available, though still often demanded and productive of decided good.

From this time until towards the middle of April, a progressive ascendency of abdominal affections was manifested, and the cases of disease became more and more asthenic; more unyielding to any treatment which we could pursue; more protracted in their course, leaving behind them a greater amount of debility; more fatal in their termination. About this time a striking peculiarity began to be exhibited, which was, a general moisture of the skin without relief to the complaints of the patients: indeed it was rather a token of amendment, when the heavy perspiration diminished. This peculiarity called to our mind many cases of rheumatic fever, and the usual course of the "dengue," as it prevailed among us a few years since.

Before the middle of April the severity of the epidemic had reached its acme, and while, for some three or four weeks, the number of patients did not decrease, the duration and mortality strikingly diminished, until now that remittent and intermittent fevers, dysentery and diarrhœa are the prevailing complaints.

A careful analysis of all the cases which occurred during the prevalence of the epidemic, leads us to the conclusion that the basis of it was miasmatic fever. That, in the commencement of the epidemic, the phlegmasiæ belonging to the season called into action, along with them, attacks of fever which might not otherwise have been developed; just as exposure to cold or heat may determine the development of an open attack of intermittent, from which the recuperative energies of the system might otherwise enable the individual to recover, often, almost without his being aware that he was affected. But the inflammation was then the predominant disease; and the remedies of inflammation formed the cure, modified or assisted by those remedies required for the fever. Be it noted here, however, that we know of no case which proved fatal, even in the second phase of the epidemic, in which it could be fully

ascertained that there had been exemption from complaint of ill health for some time preceding the attack.

In the second period, the miasmatic complication became almost, or quite, as manifest as the inflammatory thoracic affection; often, indeed, stood forth as the prominent disorder. Along with weakened powers of resistance to inflammation, there were also weakened powers of resistance to the remedies for inflammation; and behind this, was the abdominal congestion, the abdominal sub-inflammation. And here, while vs. was often demanded, it could not be pushed to the same extent as previously. Immediate recourse to such treatment as the miasmatic disease required was necessary, so as to sustain the impression produced by vs. so as to check the miasmatic fever, and thus prevent it from reacting upon the associated bronchitis, or pneumonia, with its attendant fever.

And here let us remark that we cannot look upon such a complication of diseases as a unit; but as two diseases, each running its own course, each subject to its own laws, each demanding to be individually considered in treatment; although, at the same time, each may modify (as any other extraneous cause might) the action of the coexisting disease. We must ignore the existence of an actual hybrid in disease, although we often find diseases coexisting, modifying, aggravating or mollifying reciprocally each other's symptoms.

From early in April onward, cases of undisguised remittent fever became common, and, if inflammatory symptoms occurred, they were to be regarded as secondary. Still they prevailed much more frequently than they do in our autumnal fevers. The powers of vital reaction were feeble. Patients convalesced slowly, even from attacks which were slight and of short duration. Relapses were frequent.

By referring to our "Visiting List," we find that since the first of February we have been called to about sextuple the number of patients that is usual at this season of the year, while the deaths have been only triple the yearly average of mortality, if computed for a proportionate length of time. This season has always been that of the greatest mortality, our winter, and more particularly our early spring months having always furnished the largest number of deaths. Against this view, however, we have to remember that there has been a general panic, and, accordingly, we have been called to see many individuals who would not have desired the opinion of a physician under circumstances less calculated to alarm them. Statistics furnish, indeed, but a vague and varying standard from which to form an opinion.

And now, directing our attention to the treatment most ap-

propriate to the epidemic through which we have passed, we have little to add to our views offered in the February No. of the "Stethoscope" for 1853, in a short article entitled "Miasmatic Modifications and Inflammation of the Lungs." We have seen no reason, in the main, to be dissatisfied with the convictions then impressed upon our mind. We believe that vs. early in the inflammatory affections of young and undebilitated subjects holds a most important place for consideration, let the inflammatory action be located where it may. We would, very cautiously, reuse the lancet. We fear the extensive loss of blood in old persons, or when the powers of life are, from any cause, greatly lowered. We believe in cupping when there is active local inflammation of the lung—more especially of the pleura—and when the system will not bear general bleeding. We have a horror of continued purgation. Our choice in the seat for the application of blisters is to the hypochondriac regions. We dread tartar emetic when there is an angry looking tongue, or when, with great debility, there is a moist skin. We should, "with fear and trembling," prescribe opiates when there is extensive bronchitis or pneumonia. We greet them as our best friends when, with restlessness, wakefulness, intense neuralgic pains, and even delirium, which we feel assured exists only because "the life of all the blood is poisoned," we see that there is no threatening of death by apnœa or coma.

We have given much quinine during this epidemic, and have not once regretted its administration. But quinine does not cure. We recognize it as the antagonist of the miasmatic influence—as the antidote to the poison. It holds back the sword that has been wounding. But the wound is to be healed. The liver has been engorged; the spleen, the stomach, the intestines, have had their veins distended; congestion has often run into inflammation, or by deranging the functions, vitiated secretions have irritated the mucous membrane of the intestinal canal. Again, the associated phlegmasia, be it bronchitis, or pneumonia, or pleuritis, or let its location be where it may, demands its own peculiar treatment. As to that treatment, we have nothing to add to what is generally recognized by the profession. Our object has been to be descriptive of the epidemic which we have just observed, to be suggestive as to the force and bearing which miasmatic influence has exerted, and of the rational modifications of treatment which have thereby been demanded.

Metro-Neuralgia---its attending Symptoms, with Cases.

BY JOHN B. DAVIES, M. D., CABIN POINT, SURRY COUNTY, VA.

Although this disease is not unknown to the experienced members of the profession, yet there are many, no doubt, who have been compelled, unaided by books, to grope their way through the obscurity of diagnosis, the perplexities and mysticism of nosology. In many cases the disease is attributed to spinal irritation, which, according to my observation, is more frequently the effect than the cause of these anomalous symptoms.

We are called to a patient some few days, in some instances a few weeks after parturition: She complains of a general soreness and tenderness over the abdomen, resembling at first view puerperal peritonitis, and misleading the unwary practitioner to the injudicious application of antiphlogistic remedies. The pain and soreness become more diffused, and violent paroxysms harass the patient as night comes on.

Examination of the spinal column discovers no tenderness, but the periodical nature of the painful paroxysm indicates nervous derangement—the difficulty of localization prevents the application of topical depletion, &c. The case progresses, soreness with tenderness in the loins, pain in the back, down the thighs, around the pelvis, in the breast, with globus hystericus—a dim light enlightens his obscurity—in his delight he exclaims "Eureka." It is hysteria, local and nonconvulsive; uses nervous stimulants, assafœtida injections, ammonia, sulphuric ether and laudanum, &c.: no relief—intense agony occasionally—intolerable despondency. The tongue is only slightly furred, or clean and moist, febricula, and in some cases high fever with remissions, and increase of symptoms as night comes on. In his doubt he fixes upon another idea: it is rheumatic dermalgia—and the inexperienced goes on until, in a fit of despair, he would welcome "inevitable letheum" as a finale to his bewildered imaginings, or abandons the case, to his own detriment and the aggrandisement of a senior practitioner. The experienced physician enquires into the uterine functions, whether there is any irritability about the uterus, any leucorrhœa, any strangury, &c. Applies remedies to relieve this deranged condition of the ganglionic system of uterine nerves, directs all his skill to this most sympathetic organ of the female system, and what is the result? "Causa remota, tollitur effectus." The pain and soreness vanish like thin air. One or two cases will be sufficient to exhibit some of the symptoms and treatment.

Case I.—Mrs. P. a delicate, nervous woman, subject a few years past to epileptic fits, but has had none recently; was confined with her second child in February 1854. Five or six weeks afterwards was attacked with pain in the groin, extending down the left leg to the calf; leg white and swollen, great soreness, inability to move it, with almost positive evidence of phlegmasia dolens; and here I would remark, this pseudo phlegmasia is often mistaken for the genuine milk leg—which differs in several respects—tongue covered with a whitish fur; fever, with morning remissions; appetite delicate. Ordered calomel 8 grs., D. pow. 5 grs. M. Take at bed-time—a Seidlitz powder in the morning—bilious evacuations followed. Ordered vinous tinct. colchicum 25 drops every four hours, with a teaspoonful of Henry's magnesia in water. Adopting this plan from my idea of its pathology, viz: rheumatic neuralgia and lymphatic disease, the neuralgia being first in the train of symptoms—used vinegar vapor, by pouring on hot bricks as recommended by Dewees. The soreness and swelling continued for five or six days, but in less degree after the pain had subsided. She was then attacked with pain around the pelvis, pain and soreness from the left clavicle to about the 7th rib, with a choking sensation, globus hystericus and the ejection of food. Pain subsiding here, developed itself fully after its erratic course, in the uterine region, both ilia, over the whole abdomen great soreness and tenderness to the touch, pressure was inadmissible, the loins equally as tender, darting pains down each leg, and in each hip, with swelling of the labia pudendi.

Satisfied that it could not be peritonitis, an examination detected slight prolapsus uteri, with irritable condition of this organ, leucorrhœa, with increased heat of the vagina. These symptoms, attended with morning remissions of fever, and during the evening exacerbations, every symptom increased in violence. Ordered 8 grains of quinine every morning, vaginal injections of camomile and flax seed, lime water and slippery elm tea, or lime water and milk, for the relief of gastric symptoms, there being some acidity. Opium, 1 grain at bed time; hot fomentations over abdomen; mild laxatives. Recovered.

Case II.—Mrs. W. was attacked in the summer of 1851; had never borne children. The pain was so intense that it amounted to agony, commencing every morning at 6 o'clock, and continuing till 12 or 1 P. M. Called to see her during the pain. Ordered ½ grain morph. to be followed by 12 grains of quinine as soon as there was remission of pain. The 2d dose destroyed this periodicity, but the soreness and uneasi-

ness continued; leucorrhœa, vaginal irritation with phlogosis, pain in the back, down each thigh, and indeed around the pelvis. Ordered cupping over the sacrum, blue mass and extr. conium, 3 grains each, twice a day. Rapidly recovered.

Report of a Case of Supposed Hysterical Convulsions.

BY JOHN P. LITTLE, M. D., OF RICHMOND.

I offer this case under the above title, with some doubt as to whether the disease has been rightly named, or whether the term hysteria can justly belong to the symptoms which I will describe. The attack appeared to be caused by an irritating substance passing through the intestinal canal. And it may be recollected by the readers of the Stethoscope, that a short time ago Dr. Dove reported a case where a large and ragged piece of bone passed through this canal, causing no disturbance whatever until it reached the rectum. My own case was exactly the reverse of this one: the substance was not hard or ragged, (being a large piece of gristle,) it passed readily enough from the rectum when that outlet was reached, and it was in the passage through the bowels that the convulsive paroxysms occurred, which made the case interesting by their peculiar character.

September 11, 1853—A stout negro lad, belonging to Mr. Braxton near Richmond, had eaten the night before a part of a beef's head, and had swallowed the eye almost unchewed. Early on the next morning he was seized while on his way to market with severe pain in the abdomen, followed by convulsions. He became for a few minutes as rigid as a piece of wood. The case was pronounced tetanic, and calomel and opium were prescribed by some neighboring physician. I saw him in the evening and found him laboring under fever, complaining of pain in the head and abdomen; the latter was tender on pressure. There had been no return of the convulsions, and the boy was perfectly conscious. Attributing the attack to an inordinate meal of indigestible food, I prescribed an active cathartic and left him. By daybreak I was hastily summoned to him, and learned that he had slept quietly until 2 o'clock, and that he had had twenty "fits" since that time. He was free from pain, perfectly conscious, without fever, and with a pulse of 65; yet, although his medicine had acted well, his abdomen was still tumid and somewhat tender on pressure.

In a few minutes he was seized with one of the so called fits. He cried out that it was coming, complained of severe pain in the belly, and writhed as if suffering; in an instant he passed into a state of unconsciousness, the trunk bent back as in opisthotonos, the limbs moving, yet not convulsed, the lips slightly covered with foam, and the abdomen tumid and hard, yet there was no rigidity except in the abdominal muscles; there was no convulsion, no stertorous breathing, nor was the countenance distorted. The duration of the attack was not longer than a moment, and he recovered from it both speedily and entirely. These curious attacks continued during the day; sometimes they would occur every ten minutes, sometimes there was half an hour's interval between them, sometimes only one occurred, and then again three, four or five followed each other in rapid succession. They were not increased by moving him. After the occurrence of a succession of these paroxysms he would sleep heavily for a short time; yet there was no coma, for he could be easily roused. Indeed, there was no drowsiness, no headache or uneasiness about the head. He remained awake and free from any pain, even in the abdomen, in the intervals between the paroxysms. There was no nausea; he drank water freely and retained it. I administered active purgatives and used injections; they acted powerfully, and the paroxysms were increased in frequency by the purgation. Fomentations to the abdomen, and opium by the mouth and by the rectum were employed without any permanently good effect.

After using these various remedies from 5 o'clock A. M. until 2 o'clock P. M., it was plain that the symptoms were caused by an irritation that had its seat in the nervous system. And as the brain and the spinal system were not primarily affected; as, moreover, the abdomen was pointed out, both by the history of the case and the character of the attack, as the seat of the disease, I became convinced that an irritation transmitted from the lining membrane of the intestines to the ganglionic or sympathetic nerves, and through them to the cerebro-spinal system, was the cause of these singular attacks. Supposing this excitement or irritation to be analogous to that of hysteria, I determined to use the sedative or antispasmodic so much relied on in that affection. I gave a dose of the mist. assafœtida of the Dispensary, and placed a large blister over the entire abdomen. This blister did not draw at all, being badly made; the assafœtida acted like a charm; he had no paroxysm for three hours. The mixture was ordered to be continued every hour, and was so used for twenty-four hours. During this time he had four paroxysms, at long inter-

vals and slight in character; at the end of which time he passed the gristly substance which had caused all this trouble. The attacks now ceased entirely, and the boy recovered rapidly.

I have ventured to call this case an hysterical one, because relief was afforded by *the* remedy of that complaint. I am sensible that I have laid myself open to criticism thereby, yet I do not know how else to name the disease. It is true, that the resemblance to hysteria is by no means perfect. The patient was a stout negro lad. The cause of the attack was plainly due to the swallowing of an indigestible substance. There was no laughing, sobbing, or globus hysterius, nor was there any violent convulsion, such as often occurs in hysteria. The seat of the affection, and the source from which the symptoms had their rise, was evidently the ganglionic system, that large nervous apparatus which presides over organic life, and of which hysteria is but a diseased and disordered function.

Had this patient been a woman, and especially a delicate woman, I doubt not that the case would have been one of decided hysteria. If it had been a child, the brain and the spinal system would have been more affected.

I regret that I did not make use of chloroform during the violence of these attacks. Administered by the mouth or through the rectum, it would probably have given me an earlier control of the disease.

Displacement of the Heart.

BY GOODRIDGE A. WILSON, M. D., OF RICHMOND, VA.

I have recently examined the following interesting case of this affection:

Mr. ———, aged about 45 years, of rather delicate frame, somewhat pale, though not much emaciated; of good appetite and digestion and spirits, and giving some attention to his ordinary avocations; has some cough, and labored respiration, excited and increased by muscular exertion, or any hurry of the circulation.

On examining the chest I found the left side expanding and contracting preternaturally, whilst the right participated but little in the respiratory movements. Right clavicle prominent, ribs receding, shoulder drawn down.

The whole right side yielded a rather dull, flat sound on percussion, especially the lower two-thirds. Respiratory murmur scarcely audible at any point on this side. Mucous râles at the upper part of the right chest.

The heart was found pulsating above the right mamma, and between three and four inches to the right of the mesian line. Its movements quiet and regular, its new situation presenting apparently no obstruction to its functions. I observed nothing abnormal in its sounds.

The left lung appeared healthy throughout, and to be discharging almost the entire function of respiration. The history of the case revealed the fact that this patient has been suffering from chronic tubercle for about three years, having undergone all the different stages of that condition, during which time his heart has gradually assumed its present position.

For the past few months his general health has greatly improved, the tubercular irritations having intermitted or been suspended.

According to the best authorities, displacements of the heart have their origin usually in pressure from contiguous organs, or morbid accumulations or growths. They are vertical or transverse, according as the pressure is applied. Accumulations of liquids or air in the cavity of one pleura; pulmonary emphysema, when the disease predominates in one lung; cancerous and aneurismal tumors; hernia through the diaphragm; these are the most obvious sources of that direct pressure which occasions displacement. In cases arising from these causes, the organ resumes its natural position as soon as the source of pressure is removed.

But there are other causes of displacement, which, together with their effects, are permanent. Any disease resulting in the diminished volume of one lung may occasion displacement of the heart. This atrophy may be occasioned by chronic tubercle, chronic gangrene, the absorption of an empyema, or the cirrhosis of the lung of Dr. Corrigan.

In these diseases sometimes but one lung is affected, and the heart is not only drawn towards the atrophied organ by the contracted state of the structures, but it is also crowded from its normal position by that hypertrophy of the sound lung which ensues upon its increased functional activity.

Such I suppose to be the case now reported. Dr. Stokes, in his treatise on diseases of the chest, describes a very similar one, in which the heart was found pulsating in the right infra-clavicular region.

I believe no facts have been adduced which would show

that these displacements of the heart predispose to any structural change in that organ.

The literature of this affection has been enriched by the writings of Morgagni, Andral, Laennec, Bertin, Terta, Hope, Stokes, Graves and others. Cases of congenital malposition of this organ have also been reported. Location of the heart on the right side of the chest is not inconsistent with the most perfect health. A medical friend has recently detailed to the writer the case of a young lady in this state, now living, in robust health, with congenital malposition of the heart in the right side of the chest.

Toleration of Poisons.

Translated for the Stethoscope, from Bourchardat's New Medical Formulary.*

The influence of habit or usage on the dose, is likewise very remarkable. There are certain substances which, administered in successively increasing doses, can be carried up to quantities such as, if we were to commence their administration with the dose at which we arrive, would infallibly produce poisoning. Thus, to cite the example which most frequently presents itself. Opium, in the dose of one gramme, (15½ grains, Troy,) should be regarded as a very energetic poison. Now, we can become habituated, little by little, to much larger doses, without any accident being produced thereby. A very interesting point of therapeutics, to be well settled, is the following: What are those substances to which we cannot become habituated? What are those whose doses we cannot increase without danger? In regard to this matter, we are in a state of much uncertainty. Experience has cast some bright rays here and there, but we are as yet without any formula of general principles. On comparing attentively the observations collected on this point; on combining the results of the experience of others with those which I have myself obtained, I have been led to lay down the following rules: 1st. We cannot become habituated to substances which act as poisons on all beings of the organic scale. 2nd. We can become habituated to substances which, although they must be regarded as poisons to the individual to whom they may be administered, are innocuous to others of the organic scale."

* Nouveau Formulaire Magistral * * * par A. Bouchardat. Paris, 1843, p. 46.

The following are some of the illustrations by which he seeks to establish these positions:

"The poisonous solanaceæ are entirely innocuous to the inferior beings of the organic series. Plants are insensible to their influence, insects are uninjured by them, snails feed upon their leaves, and thus become poisonous to man. Not only these inferior beings, but others more elevated in the animal scale, are uninjured by the poisonous solanaceæ. The rabbit can feed on leaves of belladonna. Runge announced this fact, which has since been verified. I have shown by experiment, that pigeons may take considerable quantities of the solanaceæ poisons without inconvenience. On the other hand, carnivorous animals, as man, exhibit a lively sensitiveness to their influence. We may state the following proposition in regard to the action of these formidable agents on the organic series: *The poisonous solanaceæ act upon animals with an energy proportioned to the intelligence of the latter*, or to their approximation to man, who is most quickly sensitive to their influence."*

We publish the above translation in consequence of an error into which we were inadvertently betrayed in our report of the proceedings of the Medico-Chirurgical Society of Richmond, published in the April number of this journal. We reported a member as remarking, "that it was the opinion of Flourens that poisons acting upon the whole system did not require to be increased." Instead of the words, "the whole system," we should have written, "all organized systems," as the reader of the foregoing translation will perceive.

We are no believers in the doctrine of human infallibility, and consequently expect hereafter to commit errors ourselves, and to record those of others. But we think we have a right to expect, when any member conceives we have done him injustice in our report, that he will pursue the course usually pursued by gentlemen under such circumstances, viz: sending us a correction for publication. Since the member in question preferred, instead of adopting this common rule of courtesy, to make this error the occasion of a tirade against ourselves, the Stethoscope and the Medical Society of Virginia, we approve his selection of another more suitable medium than the Stethoscope for his splenic effusion. Since he is so excessively sensitive to the errors of others, we hope he will have more respect for Bouchardat than to give the credit of his views to Flourens. B.

* P. 61.

Protection of Domestic Interests.

We regard the protection of the various interests of the community as one of the first and highest duties of the legislator. It is unnecessary to enter into any argument to prove the truth of this proposition; it is already fully recognized by the laws of congress and of our own state. The duties on foreign productions are so arranged as to encourage the domestic agriculturist, artisan, &c. In the state of Virginia this policy is inwrought into the entire framework of our system of laws. It is right and proper that the merchant, the mechanic, &c. who live in our community, who consume our productions, and thus return to the community the profits of their employment derived from that community, should enjoy greater facilities than the traveling pedlar of wares manufactured in foreign states, and who carries away the entire proceeds of his sales in order to enrich the foreign manufacturer and his various dependents.

It is also well known that many of these foreign manufacturers are hostile to our institutions, and would not hesitate to employ the wealth derived from our resources in carrying out their nefarious purposes; and the traveling pedlar could readily be made their most efficient agent.

These transient merchants were frequently ascertained to be persons totally devoid of principle, who, after having committed acts of fraud and villainy which would secure a citizen in an apartment of the penitentiary, decamped from the state to pursue their profitable system of imposture elsewhere.

In order therefore to protect the merchant and mechanic from having their business undermined and broken up, to protect the resources of the community against foreign drainage, and to protect the community against swindlers and impostors, the state of Virginia has very wisely laid so heavy a tax upon foreign pedlars that this class of suckers are effectually excluded from the state.

The general and state legislature acknowledge the duty of protecting the citizen against imposture in matters in regard to which it is impossible for him either to be well informed or to form a correct judgment. For this reason the general government has wisely appointed inspectors of foreign drugs, who have expelled from the country tons of worthless adulterated articles, which would either have directly destroyed life by their dangerous properties or have indirectly sacrificed it by their inertness. In the state of Virginia we have inspectors of the necessaries of life, such as flour and fish; of the luxuries, such as tobacco; and even of manure, as the article of guano.

In regard to the legal profession, notwithstanding their duties are mostly performed in public and before tribunals competent to judge of their qualifications, viz: their peers, their fellow-members of the bar and the court, the law of Virginia requires the candidate for practice at the bar to be examined by three judges and to produce a certificate of good moral character. In vain he may produce a certificate of a long course of study and of thorough qualification, a diploma of some distinguished law school: this is regarded as a mere honorary testimonial—it does not confer a license to practice law. The property of citizens, the titles of their estates, their reputations and their lives are too highly estimated to be permitted to become the prey of that unprincipled harpy, the pettifogger. Even in regard to the clergy, the law of the state forbids a foreigner from performing the rite of matrimony within her limits. Under this law a brother has been prevented from performing the marriage ceremony for his own sister.

Now let us see how fully the legislature has applied these well established principles to the practice of medicine—how carefully they have protected the interests of a large and influential class of their constituents, the physicians of Virginia, and the dearest interests of every citizen of the state, their lives and reputations.

The state is in want of money to support the expenses of government and construct works of internal improvement. She taxes various employments, and in return affords them adequate protection. The doctors, too, must be made to pay something into the treasury. To be sure he pays his poll tax, his horse tax, his carriage tax, his watch tax, &c. &c. &c., but he must pay in addition for the privilege of practicing his profession, of obtaining a livelihood out of the community. The carpenter, the shoemaker, the blacksmith, the architect, &c. may derive larger profits from their business, but no *professional* tax is laid upon them. The doctor, I suppose, according to the ideas of the agrarians, is an aristocrat, and must be fleeced for the privilege. Well, the doctor pays his license tax, and what protection does he enjoy in return for his contribution to the resources of the state? Why, the very first Yankee quack who comes along, an ignoramus and unprincipled swindler, who knows that there is nothing in regard to which the community is so easily duped and defrauded, applies to the same commissioner of the revenue for a license to speculate upon the lives, health and reputation of the community, and the officer is required by law to take the *price of blood* and put it into the treasury of the state. Aye, and the impudent foreign imposter will find even some of the press sufficiently venal to side with him against their own fellow-citizens. The foreign mercenary wretch who would have been arrested for exposing for sale in the streets a few papers of needles, a package of jack-knives, or a piece of calico, whose mouth would have been shut by the stern voice of the sheriff if he had dared to open it in a court-room, is fully authorized by law to tamper with the lives of unsuspecting and defenceless men, women and children. The foreign state doctor goes his rounds with no eye upon him to watch and expose his wanton sacrifice of life and health. Lucre is his only aim; for that he sacrifices everything most dear to the community. At last, when some of his victims detect and expose his impostures, he decamps, carrying away a rich harvest of ill-got-

ten gains* to enrich other communities who despise us for our credulity, and laugh at us for our defenceless situation. By these persons the Virginia physician is elbowed out of the way to engage in some other employment, or seek some other place where his talents and learning will be better protected.

These are not all the evils of the system. If the foreign pedlar was a dangerous ally of the abolitionist, who so fit to carry on in the dark his secret, nefarious schemes as the foreign quack doctor? He has unrestrained private interviews with our slaves, and what more fit opportunity for whispering the abolition sentiment and supplying the deadly draught? The license to practice includes also the license to peddle any sort of wares if he can only persuade the ignorant into the belief that they are useful in the treatment of disease. Let us examine how the law works in this respect. A fellow who is known only as a pedlar of trusses comes to the state of Virginia, and the law brings him to a stand. But the low cunning of the pedlar is not to be so easily circumvented. He sees a fine rich field, but the gates are closed and well barred and the fence too high to be scaled. He examines the law and finds that it has provided a most convenient stile, as if just for his use, by which he may most easily climb the formidable barrier. He goes to the commissioner of the revenue, pays him five dollars, and receives the state's authority to practice medicine. This is the toll for entering the rich harvest field.

Every patient who applies to him he discovers to be in need of a truss, and his is one of extraordinary quality. A patient applies with swelled testicle; the state doctor prescribes a truss; another has hydrocele, for which he is induced to buy a truss; another has varicole, which is easily convinced can be cured most readily by Dr. Wooden Nutmeg's patent truss, and so on and so on.

These are some of the abominations, the iniquities, the ab-

* One of the most unprincipled quacks who ever infested this community, boasted that he had made upwards of twelve thousand dollars in Richmond in a few months.

surdities of the laws of Virginia in regard to the practice of medicine.

Why, let me ask, has the state invested some thirty thousand dollars in a medical school in Richmond, besides making annual appropriations for medical education in other schools? Why does she appoint trustees to select well qualified teachers of medicine and to guard the title of M. D. against degradation by being conferred upon unworthy men, if it is her policy to confer every legal privilege of the diploma upon every foreign quack, ignoramus and imposter who may pay five dollars into the treasury? Do medical men intend always to submit tamely to this legalized outrage upon them? Let them at least make some well arranged, organized effort, and they will obtain some redress of their grievances. What is the remedy? There is only one which is radical and effectual, and that is A BOARD OF EXAMINERS, composed of well qualified physicians, before whom every candidate shall pass an examination before he shall be permitted to practice medicine in the state.

Strange as it may seem, it is stated that many physicians in the state have opposed the scheme, supposing that the whole medical profession now practicing in Virginia would be required to pass an examination before this board. It is quite sufficient to inform such persons that the state does not pass nor enforce ex post facto laws. The law could apply to those only who may hereafter desire to practice in Virginia.

Let me ask the legislature also when *it* has learned to sacrifice the public weal to the wishes of a few individuals engaged in any employment? If the whole community, if every man, woman and child is liable to be sick and to need the services of a skillful physician, will they refuse to protect the entire body of their constituents against knaves and swindlers, because some physicians object to the law?

Let every medical man in the state exert himself to enlighten his fellow-citizens on this subject, and depend upon it there will be more decided and numerously signed instructions to the legislature of Virginia in regard to this matter than has ever been presented to that body in regard to any other.

The Science and Art of Surgery, being a Treatise on Surgical Injuries, Diseases and Operations—By J. Erichsen, Professor of Surgery in University College and Surgeon to University Hospital—Edited by John H. Brinton, M. D. *Illustrated by three hundred and eleven engravings on wood. Philadelphia: Blanchard and Lea.* 1854. 998 p. [From the publishers, through Geo. M. West of Richmond, Va.]

The work before us is a store-house of valuable facts, gathered from the same field of observation, long sedulously cultivated by the lamented Liston. Our author has not been unmindful of the high reputation of his predecessor, which he has been called on to sustain. The editor has shown good taste and proper modesty by avoiding to ride himself into notoriety on the shoulders of the author.

The work is divided into three parts—1. Principles of Surgery; 2. Surgical Injuries; 3. Surgical Diseases—a very natural and practical division.

We pass over the first part, which is comprised within about a hundred pages, with the remark that the student will find some admirable directions in regard to minutiæ, which are too often learned only by painful experience.

The author is a very decided advocate for the immediate application of the starch bandage in the treatment of fracture.

The following extract will give our readers a fair idea of the author's lucid style and his attention to the minutiæ of surgery:

"The advantages of the starch bandage in the treatment of fractures, as well as in many other injuries and diseases, consist in its taking the shape of the limb accurately and readily, and maintaining it by its solidity; in being light, inexpensive, and easily applied, with materials that are always at hand. From its lightness, it possesses the very great and peculiar advantage in fractures of the lower extremity, of allowing the patient to remain up and to move about upon crutches, during nearly the whole of the treatment, and thus, by rendering confinement to bed unnecessary, preventing the tendency to those injurious consequences that often result from these injuries; and, by enabling the patient to keep up his health and strength by open air exercise, facilitating the consolidation of the fracture. In addition to this, the patient will often be able to carry on his business during treatment. By employing the starch bandage in the way that will be immediately pointed out, I scarcely ever find it necessary to keep patients with simple fractures of the leg in bed for more than three or four

days, thus saving much of the tediousness and danger of the treatment.

"The following is the mode of applying this apparatus that is adopted at the University College Hospital, and that will always be found to answer. A dry roller is first applied to the limb, the osseous prominences of which are carefully and thickly padded with cotton wadding. If it be the lower extremity that is injured, and the fracture is very moveable, a many-tailed bandage will be found to be most convenient. This must be smeared over with stiff starch; over this should be laid splints of thick and coarse pasteboard, properly cut to fit the limb, extending beyond the joints nearest to the fracture, and well soaked in thin starch. If much strength is not required, as in children, or in some fractures of the upper extremity, a few slips of brown paper, well starched, may be substituted for the pasteboard. A bandage saturated with thick starch must now be firmly applied; and, lastly, this is to be covered by another dry roller, the inner sides of the turns of which may be starched as it is laid on. During the application of this apparatus extension must be kept up by an assistant, so as to keep the fracture in position; and, until the starch has thoroughly dried, which usually takes from thirty to fifty hours, a temporary wooden splint may be applied to the limb, so as to keep it to its proper length and shape. The drying of the starch may, if necessary, be hastened by the application of hot sand-bags to the apparatus. After the bandages have become quite dry, the temporary splints must be removed, and the patient may then be allowed to move about on crutches, taking care, of course, to keep the injured limb well slung up, and not to bear upon it or to jar it against the ground. In the course of about three or four days after its application, the apparatus will usually be found to have loosened somewhat, the limb appearing to shrink within it. Under these circumstances it becomes necessary to cut it up with a pair of Seutin's pliers. This section must be made along the more muscular part of the limb, so that the skin covering the bones be not injured, and after paring the edges of the splint, it must be reapplied by means of tapes or a roller. In some cases it will be found advantageous to adopt the practice of M. Burggraeve, of Ghent, and to envelope the whole limb in a thick layer of cotton wadding before applying the starched bandage; this being elastic, accommodates itself to the diminution in the size of the limb, and thus keeps up more equable pressure. Indeed, of late, I have invariably adopted this practice, and found much advantage from it. In trimming the edges of the splint, it should not be removed

from the limb, and after this has been done the apparatus must be tied together again with tapes or a roller. If the fracture be compound, a trap may be cut in the apparatus opposite the seat of injury, through which the wound may be dressed.

"Although fully recognizing the great advantages to be obtained by treating fractures on this plan, and employing the starch bandage in almost every case that came under my care, I did not think that it was a safe practice to have recourse to it during the early stages of fracture, until, indeed, the swelling of the limb had begun to subside. I therefore never applied it until the sixth, or eighth, or tenth day, keeping the limb properly reduced upon a splint, very lightly bandaged, wet with cold evaporating lotions, until this time, fearing that if the bandage was applied at too early a period, the inflammatory turgescence of the limb might give rise to a slow strangulation of it under the bandages.

"During the last year, however, I have followed Seutin's plan in a great number of cases, at least fifty or sixty, of fracture of all kinds, putting the limb up in the starch apparatus *immediately* on the occurrence of the injury, and have found the practice an extremely successful one, even in fractures of the thigh; so much so, that at the hospital I now rarely use any other plan of treatment. I find that the moderate pressure of the bandages, aided probably by the great evaporation that goes on during the drying of so extensive and thick a mass of wet starch, and which produces distinct sensations of cold in the limb, takes down the extravasation most effectually, and enables the patient usually to leave his bed about the third day after the injury, when the fracture is in the leg or ankle, and about the sixth when it is the thigh that is broken; so that very commonly we now treat all patients with simple fractures of the leg, and many of those of the thigh, especially in children, as out-patients."

For the treatment of spermatorrhæ, the author recommends a modification of Lallemand's instrument, of which we are disposed to form a highly favorable opinion. In order to do justice to his remarks on this subject, we furnish our readers with the whole of his instructive article:

"These various forms of *impotence*, of *spermatorrhœa*, of *debility of the generative organs*, or by whatever other name the condition may go by, are frequently difficult of cure, on account of the ready way in which they are influenced by moral causes; and the hypochondriacal state into which a patient laboring under them usually falls, makes it of much importance to speak cheerfully, to hold out hopes of a speedy

recovery, and to endeavor to divert the patient's mind from dwelling constantly on his infirmity. He should also be cautioned not to attempt to have connexion during the treatment, lest the occurrence of failure should dispirit and depress him still more.

"The curative treatment of these cases should consist in giving tone to, and in lessening the irritability of the genito-urinary organs. The first object is obtained by the administration of the tincture of the sesquichloride of iron, but more especially by the habitual daily use of the cold hip-bath. This the patient should use every night and morning, remaining in it, at first, for about three minutes, but gradually increasing the time of immersion to ten or fifteen. In some cases the cold shower-bath appears to give more tone, and then should be preferred. These means, useful as adjuncts, will not however cure the patient. For this purpose, the local irritability must be removed, by the application of the nitrate of silver to the prostatic and bulbous portions of the urethra. It will always be found that there is a good deal of tenderness in these situations, felt by pressing upon the perineum, or by passing an instrument into the urethra, when, as the point enters the bulb, the patient will usually suffer much pain. The continuance of this irritation certainly keeps up the nocturnal emissions, and thus maintains the debility of the genital organs, and the nervous irritability that is so characteristic of these cases. It may most effectually be remedied by the application of the nitrate of silver, as originally recommended by Lallemand; and if this is done in a proper manner, a cure will usually be accomplished. Of late years I have employed, with much advantage in such cases, an instrument consisting of a silver catheter, having about a dozen minute apertures near the end. In the interior is contained a slender piece of sponge, about two inches long, fixed to the expanded end of a firm stylet that moves within the catheter. The instrument is charged by filling the sponge with some solution of the nitrate of silver by withdrawing the stylet. It may then be well oiled, and being passed down to the spot to be cauterized, the solution is forced out of the apertures, by pushing down the rod, which compresses the sponge. I have found this instrument far safer and more manageable than Lallemand's or any other porte-caustics that act by protruding a spoon or sponge, which is apt to be grasped by the spasmodic action of the muscles of the part, often being returned with difficulty into the shaft, and not without risk of lascerating the mucous membrane. I generally use a solution of the strength of ℥j of the nitrate to an ounce of water,

though sometimes only a half, or a third of this strength can be borne. The application usually occasions a good deal of irritation for a time, sometimes even a muco-purulent discharge, and can only be repeated at intervals of from ten days to a fortnight. Any undue amount of irritation must be subdued by ordinary antiphlogistic treatment.

"Besides these strictly local complications of gonorrhœa, a certain set of sequences to which some constitutions are especially liable, occasionally occurs as the result of this disease, viz: inflammation of the testes and of the eyes, rheumatism, cutaneous eruptions, and sore throat. Some of these, as the affections of the eyes and testes, may either be local or constitutional; the others are clearly constitutional."

We are glad to see a new set of illustrations in this work, and many of them evidently faithfully copied from nature. Some of the old illustrations had been copied and recopied, until on opening a new work on surgery one might be disposed to question its originality in consequence of the number of artistic plagiarisms.

Its value is greatly enhanced by a very copious, well arranged index. We regard this as one of the most valuable contributions to modern surgery. To one entering his novitiate of practice, we regard it the most serviceable guide which he can consult. He will find a fullness of detail leading him through every step of the operation, and not deserting him until the final issue of the case is decided. For the same reason we recommend it to those whose routine of practice lies in such parts of the country that they must rarely encounter cases requiring surgical management.

Of course we do not pretend to say that every part of the science of surgery is treated with equal fullness of detail. The author has no doubt presented to his readers somewhat of a transcript of his own experience, treating most fully (making due allowance for their importance) those subjects with which his own practice rendered him most familiar. B.

Elements of Human Anatomy, General, Descriptive and Practical—By T. G. Richardson, M. D., Demonstrator of Anatomy in the Medical Department of the University of Louisville, and one of the attending Surgeons to the Louisville Marine Hospital. *Philadelphia: Lippincot, Grambo & Co.* 1854. 734 p. 8vo. [From the publishers, through James Woodhouse.]

We hail with pleasure this contribution from the west, to lighten the labors of the student in his efforts to acquire that knowledge which lies at the foundation of all medical science, the structure of the human body. Let us glance at the superficial mode in which the study of this all-important branch is usually pursued. The student enters the college walls in October or November, and commences a course of *cramming*, by attending some six or seven lectures per diem, commencing immediately after breakfast, and concluding just before tea, and in the mean time a clinical lecture has been wedged in. Exhausted in mind and body, his system requires recreation; but if he designs to study practical anatomy in the only way by which a useful knowledge of it can be acquired, he must spend the remaining few hours intervening before bed time, in the dissecting room. In vain he wishes that the subjects of materia medica, chemistry, and such branches as can be taught quite as advantageously at other seasons of the year, were postponed, in order that he may apply himself less interruptedly to dissection. He cannot help himself. Long established custom has so arranged it, and no school can be found independent enough to break the trammels.

The student will find the work of Dr. Richardson admirably adapted to his wants. The first part contains a very clear, concise description of the elementary tissues, forming an excellent glossary of many of the terms continually occurring in the course of the work. The remainder, which is devoted principally to special anatomy, contains some useful passing remarks in regard to the surgical relation of parts. Instructions are given in the art of dissection, and the whole work is profusely illustrated by wood cuts, a species of guide from which we have experienced valuable assistance in former days.

The author has attempted to anglicize the technical terms, (always giving the Latin or Greek in parenthesis.) We confess that it does not sound agreeably to us to hear our old acquaintances called the straight and transerve muscles, instead of the rectus and transversalis. However, it may be of some assistance to the student who is totally ignorant of the languages from which these terms are derived.

Lectures on the Diseases of Infancy and Childhood.
By Charles West, M. D.

We have received from the publishers, through Mr. J. W. Randolph, the volume of Dr. West, upon infantile diseases. The copy in our possession is the second American, from the second London edition, and we need scarcely remark that the short period of time in which these several editions have been given to the public is a very sure index of the value of the publication.

To go over with the author the various subjects he has discussed, would require too long an article for any single number of our journal, and would be at best but a reiteration of the many admirable rules which he has indicated for our guidance. So far as our experience has permitted us to form an opinion, we cannot hesitate to accord to the labors of the author a great degree of merit. His position as physician to the hospital for sick children has afforded him an ample field for the exercise of his abilities; and judging from the advice he has given us in his first lecture as to the examination of the invalid infant, he seems to be peculiarly fitted for the task he has undertaken.

The arrangement adopted by our author is untrammeled by "any elaborate nosological system;" but he prefers a very simple classification, and contents himself with treating "in succession of the diseases of the nervous system, of the respiratory and circulatory, and of the digestive systems and their appendages." His remarks upon fevers are given us at the close of the volume, thinking it of prime importance that the student should first of all become acquainted with the diseases of the brain, lungs and bowels.

We have received from the publishers, Blanchard & Lea of Philadelphia, through Mr. A. Morris, "Abel & Bloxam's Hand Book of Chemistry." This book will be a valuable addition to the library of the student of practical chemistry, and is just such a work as is needed in the laboratory as a book of reference, for it not only gives the theory of chemical combinations, but it describes the necessary manipulations even in their minutiæ, and this is a branch of chemistry too much neglected by almost all writers on this science. It also

contains a pretty fair outline of the present state of the science of chemistry, all the recent discoveries of any practical importance having been introduced. Among the discoveries of the present year we notice two new elementary metallic bodies, Donarium and Norium. In addition to the technical history of the more important metals will be found a list of their ores and the usual mode of assaying them. The system of analysis adopted is that of Liebig, but a description of the apparatus and mode of proceeding in quantitative and qualitative analysis is given.

We would recommend this book to all students of practical chemistry, not because the information it contains may not be obtained elsewhere, but because this book brings together both the theoretical and the practical, and combines in a single work that which he would have to obtain by reference to many books.

We have received from the publishers, through Mr. A. Morris, "Stokes on the Diseases of the Heart and Aorta." This admirable work should be in the hands of every practitioner. We reserve our remarks for a more extended notice of its contents.

Medical College of Virginia---Appointment of Professors.

The board of visitors met on the 25th of May, agreeably to previous notice, and proceeded to fill the two vacancies in the corps of professors. We understand the contest was quite spirited, there being a considerable number of candidates, who were well sustained by the recommendations of their friends.

The election resulted in the appointment of Dr. Beverly R. Wellford of Fredericksburg to the chair of materia medica. Dr. Wellford had resigned his place in the board a short time previous to the election, in order to become a candidate for this professorship, and his son Dr. J. S. Wellford was immediately appointed to fill his place in the board. Dr. Beverly R. Wellford has occupied successively high posts of honor:

first as president of the Medical Society of Virginia, and secondly as president of the American Medical Association. In these positions he distinguished himself by his urbanity and his easy, graceful elocution, and by his support of medical reform. After the election of Dr. Wellford, the board proffered the chair of institutes and medical jurisprudence to M. Séquard, a distinguished French physiologist, then in Europe. We believe that no reply has yet been received from the latter gentleman, accepting or declining the appointment.

We hope the disappointed candidates will not be disheartened by their defeat, but will "pick their flints and try again."

B

Public Hospital.

We are glad to learn that the board of visitors of the Medical College of Virginia have resolved to make an effort to induce the state or city authorities to establish a public hospital. The want of facility for clinical instruction in Richmond has been a serious drawback to the success of a medical school. In order to study practical medicine, it is just as necessary that the student should witness the symptoms of disease, watch their various phases, and observe for himself the effects of treatment, as dissection is necessary for the study of anatomy and experiment for the study of chemistry.

Without abundant means of chemical instruction, it will be *in vain* for our schools to attempt to compete with their powerful rivals at the north.

What are the chief attractions of Paris to the student of medicine? Not the distinguished lecturers in the schools, but the clinical lecturers who have in charge the immense hospitals of that city.

Let southern students be presented with abundant facilities for the study of practical medicine; let them not be taught to look abroad for instruction by the example of the trustees of our schools selecting men from abroad to fill the chairs whence they are to be taught; let them be encouraged to hope for preferment in our schools when they shall have risen to distinction at home; let merit alone be the passport to honor in our institutions; let nepotism and cliquism be expelled from bodies holding the appointing power, and we believe it will be found that southern medical students are at least as true to southern interests as the rest of their fellow-citizens.

B.

Treasury Circular.

The treasurer of the Medical Society of Virginia has recently issued a circular addressed to every fellow, with a statement of his dues annexed. A considerable number have responded promptly to his notice, remitting their dues, and in some instances expressing their cordial approbation of the objects of the society and wishes for its success. To all such he presents his sincere acknowledments.

From a few he has received a request to strike their names from the list of fellows, as they had been nominated and elected without their knowledge or consent. He has been informed that some of the fellows while in attendance upon the meetings of the society have become impressed with a sense of the great importance of the organization of the profession, and have taken the liberty to nominate for fellowship some of their friends (without previous consultation with them) who they believed would accept their election and render efficient aid to the society. In the majority of instances they have not been disappointed; the candidates subsequently confirming the action of the society.

Those who may have been thus nominated and elected without personal application, are certainly under no obligation to accept fellowship, and they may rest assured that the society has no intention or desire to retain them against their consent. It is only necessary for them to signify their wishes in the premises to the treasurer or to the corresponding secretary, *in a style entitled to respect*, and their requests will receive his attention.

P. S. In order to accommodate members, the treasurer will receive such small bills as are redeemable at par in Richmond, viz: Southern Manufacturers (Purcell's) and Phœnix Bank (Pairo's,) and after converting them into current funds, will credit them on account.

Address of Members.

Our subscribers will do us a favor by forwarding the addresses of those members of the Medical Society of Virginia, whose names we subjoin. In some instances we have

been furnished with the names of the counties in which they reside, but we have been unable to learn their post offices:

R. C. Ambler, Fauquier; R. R. Barton, Rockbridge; J. B. Butler, Isle of Wight; H. Curtis, Hanover; Ed. A. Cole, Orange; James Dejarnette; Peter Eppes; T. C. Gordon, Essex; Geo. P. Holleman; Geo. W. Harvies; T. P. Hoge, Halifax; R. G. Hedgins, Matthews; W. A. Herndon; Robt. Harrison; Dr. Morris, Buckingham; W. F. Marstin, Greensville; Henry Martin, Middlesex; W. A. L. Potts; R. W. Royster; Bejor Snell, Appomattox; Magee Smith; W. D. Taliaferro, Culpeper; H. Tatem, Chesterfield; Phil. A. Taliaferro, Gloucester; Horace Talley, Cumberland; Ed. Talley, Cumberland; R. R. Taylor, Goochland; Dr. Turpin, Cartersville?; F. B. Watkins, Goochland; L. M. Watkins; W. W. Wilson, Gloucester; R. H. Walker.

Certificates of Membership.

A considerable number of certificates of membership in the Medical Society of Virginia have been ordered and paid for by members. It is believed that all certificates ordered before the last annual meeting in April, have been duly forwarded. If any members have failed to receive them, they will please notify me in order that they may be supplied.

Several certificates have been ordered since the last annual meeting. These are now in course of preparation, and will soon be forwarded.

JAMES BOLTON, *Treas'r.*

Hospital for the Diseases of Females.

We learn from the American Medical Monthly, that Dr. Sims delivered a lecture at the Stuyvesant Institute, New York, before an audience of about two hundred persons, consisting of professional men and others, "among whom were conspicuous, *five ladies*," of the strong minded sort, we presume, and opposed to the *know nothing* party. The object of the lecturer was to induce his hearers to adopt measures for the establishment of a hospital for the diseases of females.

"The lecturer traced the history of *his* operation for *vesico vaginal fistula*, and related in a pleasing and effective manner the various steps by which he had attained progressively to the present excellence in the performance of this great achievement in curative surgery."

We are glad to perceive that immediate steps were taken for the establishment of such an institution, and that, too, by gentlemen of as high standing in our profession as Drs. Delafield and Beadle. If rightly managed, we believe it will do much towards suppressing a very profitable contraband trade, carried on in this branch of practice by men holding diplomas.

B.

Prize Pitcher.

We have had the pleasure of examining the silver pitcher selected by the prize committee for Dr. Peebles. It is an exceedingly beautiful article, and does credit to the taste of Messrs. Mitchell & Tyler of this city, from whom it was purchased. It will be recollected that the form of the testimonial was left optional by the society with the successful competitor, the committee being limited only as to its value. The selection was made in accordance with the wish of Dr. Peebles, and we entirely approve his decision in favor of an article of elegance and utility to that mere child's toy—a medal.

Two cases of *trismus nascentium*, successfully treated by cannabis indica, are reported by Dr. P. C. Gaillard of Charleston, S. C.

Case I.—The cord dropped off on the 6th day; symptoms of trismus appeared on the 9th day. *Treatment*, poultices to abdomen, warm bath twice daily. ℞ Tinct. cannabis indica, ʒij; aq. camph. ℥ij. M. A teaspoonful every two hours. This treatment continued for five days without improvement; then a teaspoonful given every hour: next day or 7th of the disease, improvement commenced; recovered in about a fortnight more, during which time the quantity of cannabis was diminished.

Case II.—The cord was detached on the 5th day; decided symptoms of trismus on the 9th day. Treatment

same as above: ℞ Tinct. cannabis, ℥ ss; syrup. prun. virginianæ ℥ iss. M. A teaspoonful every two hours. Intensity of the disease increased, although treatment continued for six days longer; then a teaspoonful given every hour. In four days more, or about the tenth day of the disease, amendment commenced. Recovered in about ten days more. Dr. G. properly remarks, "Time and further experience must determine whether we possess in cannabis an agent capable of controlling the disease, or whether these cases must be recorded among the fortunate accidents or coincidences which too often mislead us in estimating the value of therapeutic agents.—*Charleston Med. & Sur. Jour.*

We are indebted to the polite attention of our worthy fellow, Dr. A. Spitler of Buchanan, for copies of the Missouri Republican, from which we make the following abstract of the

Proceedings of the American Medical Association.

The seventh annual meeting of the association was held at Verandah hall, St. Louis, Mo., on the 2d of May 1854.

Dr. Usher Parsons of Rhode Island, senior vice president of the association, called the meeting to order in the absence of the president, Dr. Jonathan Knight of New Haven, Ct. Dr. Edward Lemoine of St. Louis, one of the secretaries, was present, and took his place.

Letters were read from Dr. Jonathan Knight to Drs. Lemoine and Parsons, announcing with regret his inability to attend the meeting of the association, and notifying the latter that the duties of president would devolve upon him.

A letter, containing a similar announcement, was received from Dr. E. L. Beadle of New York, one of the secretaries.

The association was then welcomed to St. Louis, by Dr. Washington of that city, in an appropriate address, which was suitably replied to by Dr. Parsons.

The roll was then called by states and societies, and two hundred members answered to their names, viz:

Maine, 3; Massachusetts, 8; Rhode Island, 1; Connecticut, 3; New York, 13; New Jersey, 2; Pennsylvania, 17; Virginia, 1; South Carolina, 8; Alabama, 1; Mississippi, 1;

Louisiana, 1; Cherokee Nation, 1; Kentucky, 6; Ohio, 16; Indiana, 3; Missouri, 59; Michigan, 4; Iowa, 8; Illinois, 30; Wisconsin, 3; Tennessee, 11.

The roll being called, the president announced that the meeting might be considered as organized.

He congratulated the association on the return of their anniversary, and expressed himself much pleased to see so many new delegates.

The report of the committe on publications was now read, and laid on the table.

The treasurer's report was also read, and referred.

On motion of Dr. White of Albany, New York, a recess of fifteen minutes was now had, to allow the delegates of each state to meet and nominate one of their number to form a general or nominating committee to report permanent officers for the society.

The meeting again came to order, and the delegates from the several states handed in their names, as follows:

Maine, Dr. Charles Millett; New Hampshire, ——; Massachusetts, Dr. D. H. Storer; Rhode Island, ——; Vermont, ——; Connecticut, Dr. P. G. Rockwell; New York, Dr. L. P. White; New Jersey, Dr. George R. Chitwood; Pennsylvania, Dr. Rene La Roche; Delaware, ——; Maryland, ——; Virginia, Dr. Adam Spitler; Minnesota, Dr. J. H. Murphy; North Carolina, ——; South Carolina, Dr. Thos. G. Prioleau; Georgia, ——; Florida, ——; Illinois, Dr. W. B. Herrick; Alabama, Dr. S. W. Clanton; Louisiana, Dr. E. D. Fenner; Missouri, Dr. Thomas G. Reyburn; Michigan, Dr. William Brodie; Mississippi, Dr. T. J. Grafton; Iowa, Dr. D. Seviter; Tennessee, Dr. J. B. Lindsley; Wisconsin, Dr. J. B. Dousman; Arkansas, ——; Texas, ——; Kentucky, Dr. Robert J. Breckenridge; California, ——; Ohio, Dr. O. M. Langdon; Indiana, Dr. W. W. Hitt; United States Navy and Army, Dr. Pinckney.

The committee on nomination of officers having been approved by the convention, retired for the purpose of appointing officers for the association, viz: a president, four vice presidents, and two secretaries.

A resolution was now offered to provide for the future meetings of the association—that they shall be held alternately in the northern, southern, and western portions of the Union.

The resolution gave rise to considerable discussion, and was finally laid on the table.

On motion, the meeting adjourned to 3 o'clock P. M.

AFTERNOON SESSION.

The meeting convened according to adjournment.

The senior vice president delivered an address, which was referred to the committee of publication for incorporation in the Transactions of the association.

The following letter from Dr. John G. Adams of New York, a permanent member, was read:

MERSEILLES, March 19, 1854.

DR. EDWARD L. BEADLE,
Secretary American Medical Association.

Please state to the American Medical Association at their meeting in St. Louis, that I have presented to the Imperial Academy of Medicine at Paris the sixth volume of their Transactions; that it has been received by that distinguished body with much favor, and that it has been referred to a committee for examination and report—M. Velpau, chairman.

I have also promised M. De Bois, perpetual secretary of the academy, to endeavor to procure for the academy the five previous volumes; and I feel assured that the academy would take much pleasure in establishing a correspondence with our American Medical Association.

With great respect, yours truly,

J. G. ADAMS.

The requests contained in this letter were agreed to.

The following memorial by members of the Medical Association of the city of New York, was now read:

To the American Medical Association.

At a special meeting held in the city of New York, on the 12th of May 1853, of such members "of the American Medical Association as reside in this city and its vicinity, and such as were remaining here from abroad, for the purpose of expressing their feelings respecting the disaster on the New York and New Haven railroad at Norwalk, in Connecticut, which resulted in the death of so many valuable members of the association," after adopting sundry resolutions expressive of their sentiments and sympathy with the bereaved, a committee of seven was appointed to devise some suitable method

of commemorating the event, and the worth and professional character of our lamented associates, and to recommend said plan to the next annual meeting of the association.

At a meeting of the committee thus appointed, it was resolved, that, in the opinion of the committee, the most appropriate method of carrying into effect the objects had in view in their appointment, would be by preparing a narrative of the event, together with a brief biographical sketch of each individual, which shall embrace a notice of the birth-place, age, place of education; when and where they derived their medical authority; where located after entering the profession; tastes and habits of life, if any; to what particular branch of the profession devoted; what positions held in the profession, either as professors, presidents or officers of medical societies; what literary labors, medical or otherwise, performed; what done to advance the science of medicine; and that such narrative and biographical memoirs be published in the next volume of the Transactions of the association.

The chairman and secretary of the committee beg leave to state that, although they have taken measures to procure the materials for preparing the biographical memoirs, answers to all the letters of enquiry have not been received. In reporting the above proceedings of the committee to the association, they would respectfully recommend the adoption of the plan proposed, and suggest that they be authorized to complete the narrative and memoirs in question, and to transmit them to the committee of publication.

Jos. M. Smith, M. D., *Ch'n.*

To E. L. Beadle, M. D., Sec.
New York, April 24th, 1854.

The following resolutions, passed at the annual meeting of the New Hampshire Medical Society, were read:

At the annual meeting of the New Hampshire Medical Society, holden at Concord June 1, 1853, the following resolutions were unanimously adopted:

Resolved, that it is the decided opinion of the New Hampshire State Medical Society, that no delegate should be admitted to membership in the American Medical Association, who represents a medical society which numbers among its members any person or persons who adopt as their system of practice any form of empiricism.

Resolved, that the secretary of this society be instructed to transmit a copy of this resolution to the secretaries of each

of the state medical societies, and to the secretaries of the American Medical Association, previous to their next annual meeting.

E. K. Webster,
Secretary N. H. Medical Society.

Boscawen, June 1853.

Dr. Gross of Louisville, Kentucky, offered the following resolution:

Resolved, that hereafter it shall be considered disorderly for this association to give costly entertainments.

Some discussion arose, and several amendments were offered; one of which was, that the word improper should be substituted for disorderly, and that liquor and cigars shall be excluded from such entertainments.

Dr. Coons of St. Louis remarked in this connection that the objects of the society had been more directed to efforts of entertainment than to promote science. Several members advocated the adoption of the resolution without reference to what had taken place, but to provide against the practice becoming an evil in future. The resolution finally passed as amended.

The committee for the nomination of officers now appeared and made the following report:

For President—Charles A. Pope, M. D., of Missouri.

Vice Presidents—E. D. Fenner, M. D., of Louisiana; N. S. Davis, M. D., of Illinois; Wm. T. Wragg, M. D., of South Carolina; John Green, M. D., of Massachusetts.

Secretaries—E. S. Lemoine, M. D., of Missouri; Frank West, M. D., of Pennsylvania.

Treasurer—D. F. Condie, M. D., of Pennsylvania.

The report was accepted, and the officers called to fill their several stations.

Dr. Storer of Boston, Dr. White of Buffalo, Dr. Brainard of Chicago, and Dr. Reed of Tennessee, were appointed a committee to conduct the newly appointed officers to their seats on the platform.

Dr. Pope was not in attendence on account of sickness in his family, and the senior vice president was called upon to officiate in his stead.

Dr. Fenner returned thanks for the honor conferred upon him, and regretted the absence of the president.

On motion, the city of Philadelphia was fixed upon as the next place of meeting of the association.

Dr. Condie, chairman of the committee of publication, offered certain resolutions, to the effect that yearly dues of the members of the association should not be less than three dollars, and that the secretary be instructed to erase the name of any member who may refuse or neglect to pay his dues, after being duly notified of his indebtedness.

A resolution adopted by the Detroit Medical Association, extending an invitation to the association to hold its next annual meeting in Detroit, was now read. It was received and laid on the table.

Dr. Atlee, on behalf of the committee to procure a stone with a suitable inscription for the monument of Washington, reported that he had adopted, at the suggestion of the lamented Dr. Pierson of Salem, the design for the stone, representing Hippocrates refusing the presents of King Artaxerxes, who invited him to go to Persia and succour the enemies of Greece. The sculpture was on beautiful marble, by Samuel Beck, a young artist of Lancaster county, Pennsylvania, from a daguerrotype copy of Viardot's celebrated picture, presented to him by Miss Abby L. Pierson. The execution of the work is in the highest style of art, and evinces extraordinary talents in the artist.

The stone is of Vermont marble. The resolution authorizing the movement was adopted at Richmond. There was a lack of funds for the accomplishment of this object, to the amount of $400, and members of the association were respectfully invited to contribute, as they felt inclined, to make up the amount.

On motion, Dr. Charles Booker was appointed treasurer pro tem., as the treasurer elect was not in attendance.

A gentleman now announced to the meeting that Dr. Pope, the president elect, was in the room. Two of the committee appointed for that purpose then escorted the president to the chair. He addressed the association in a few remarks, as follows:

Gentlemen—There are occasions when the mouth is dumb, because the heart is full. Such I feel my present position when I behold around me so many members of a noble profession. I am grateful for the honor you have conferred upon me, and however unworthy in other respects, I will yield to none in a just appreciation of the lofty and noble profession of which we are members. In this view, gentlemen, I feel that the honor was not so much intended for myself as for the advances made in science by the profession generally, in the west. For myself, I return you the thanks of a grateful heart. I will endeavor to act to the best of my abilities—and again I thank you.

Dr. Ninian Pinckney of the United States navy was then introduced, and delivered an address, in his usual eloquent style and impassioned delivery.

A communication was received from the Hon. L. M. Kennett, inviting all the members of the delegation and the faculty of the city in general, to partake of the hospitalities of his house, in an entertainment to be given in the evening.

A communication was also read from the president of the board having charge of the institution of the blind of St. Louis, inviting the members of the delegation to visit that institution during their stay in the city.

A resolution was adopted authorizing the committee of nominations to nominate and appoint other committees that may be needed during the session.

Drs. Moore, McPheeters and Reybern extended general invitations to the members of the delegation to visit them at their residences.

The meeting then adjourned to 9 o'clock the next morning.

WEDNESDAY, May 3, 1854.

The meeting convened at 9 A. M.—Dr. Pope, president, in the chair.

The minutes of the preceding day were read, and after some slight amendments, were adopted.

The chairman of the committee of arrangements reported the names of fifteen delegates as having registered their names since Tuesday.

Dr. Atlee of Lancaster, Pennsylvania, moved that the memorial from the members of the American Medical Society of Paris to the American Medical Association be read and referred to the committee of medical education; which motion carried. The memorial is as follows:

Memorial of the American Medical Society of Paris to the American Medical Association.

We, the members of the American Medical Society of Paris, beg, through our delegates, to present the following memorial:

The National Association of the United States has had its origin mainly from the consciousness felt by physicians of the

low state of medical education in our country, and from the desire universally entertained by them of elevating the standard of the medical profession. We, by our sojourn abroad, from our intercourse with those educated here, have become more painfully conscious of our infirmities and deficiencies at home, and for this reason beg leave once more to urge upon the association the necessity of a change. While acknowledging, however, the superiority of education in Europe, we are far from desiring to arrive at equality by imitating their methods. We therefore beg to urge the following plan for the consideration of the association: That in each state there be appointed by the medical society of the state a board of examiners, which board shall be chosen every year from members of the society, and which shall perform its duties the following year in the place, and immediately before the sitting of the State Medical Society; that their examinations be public, and that every one whomsoever may apply who shall be introduced by a member of the society; and that no one can hereafter become a member of the State Medical Societies nor of the American Medical Association who has not the certificate of having satisfactorily passed such an examination. As to the qualifications to be required of the candidate, we do not think it advisable to enter into particulars. They should not, however, believe in any peculiar doctrines or methods; no certificates of attendance upon courses of lectures should be necessary, but solely the possession of the necessary amount of medical knowledge to practice his profession with safety and honor. This plan in no way interferes with the established schools; its effect upon them could only be salutary. Students would attend those institutions where those branches of a medical education that can only be acquired by attendance upon lectures are best taught.

All of which is respectfully submitted to the consideration of the association.

Dr. Hammer, St. Louis.
Dr. Murphy, Cincinnati.

The president announced the reading and consideration of the annual reports of committees would now be in order.

The following chairmen of committees submitted abstracts of their reports of the diseases and epidemics committed to their investigation, as appearing in their several sections and districts.

Dr. F. Condie of Philadelphia, on the causes of tubercular disease, was not prepared to report, and requested further time.

Dr. Geo. B. Wood of Philadelphia, on diseases of parasytic origin, not being present, had sent a verbal request to be discontinued. His request was accordingly granted.

Dr. John A. Atlee of Lancaster, Pa., on epidemics of New Jersey, Pennsylvania, Delaware and Maryland, not being prepared to make a full report, requested to be continued on the same committee.

Dr. D. J. Cain of Charleston, S. C., on epidemics of South Carolina, Florida, Georgia and Alabama, read an abstract of his report. It was referred to the committee on publication.

Dr. W. L. Sutton of Georgetown, Ky., on epidemics of Tennessee and Kentucky. He had made a partial report, but of such meagre materials that he requested to be continued. His report was referred to the committee of publication when ready.

Dr. George Mendenhall of Cincinnati, Ohio, on the epidemics of Ohio, Indiana and Michigan. He presented a report for the years 1852 and 1853, from which he read a brief abstract. The report was referred to the committee on publication, with the request to have it published in the proceedings of the present year.

Drs. Palmer and Atlee each spoke at some length of the great and lasting good that might be accomplished if all the members of the association would duly record their individual experience of epidemics, and report all such cases to the chairmen of the committees. Dr. Atlee had been two years chairman of such a committee, and during that time had only received two such reports—one from New York, and a partial one from Pennsylvania. He stated that he had used great exertions to get professional men to co-operate in this work, and appealed to the whole faculty to do everything in their power to promote this great object. He very ably impressed the necessity of co-operation by all the profession with the several committees having these reports in charge.

Dr. R. S. Holmes of St. Louis, Mo., on epidemic erysipelas, read an abstract of his report. It was referred to the committee on publication.

Dr. E. D. Fenner of New Orleans on epidemics of Louisiana, Mississippi, Texas and Arkansas. He read a comprehensive abstract of his report—dwelling principally on the ravages of the cholera and yellow fever, and the causes and the means of treatment.

Dr. Fenner had not completed his report, and Dr. McPheeters offered a resolution that Dr. Fenner be requested to complete his report and submit it to the committee on publication, to be published. The resolution was adopted.

Dr. Mussey of Cincinnati now made a motion to suspend the order of regular business, to allow Dr. Linton of St. Louis to express his views with regard to the pathology of the yellow fever. A suspension of business was made for this purpose.

He expressed his views very clearly and at some length on this subject. He advocated the idea that vegetable decomposition was not necessary to the production of the autumnal diseases of this country. He considered yellow fever nothing more than an aggravated type of bilious fever, caused by the retention of hydro-carbonaceous substances in the blood. In other words, the agencies producing yellow fever were *northern blood* subject to the heat of southern latitudes.

A motion was made and carried, that Dr. Linton be requested to draw up the substance of his remarks, to be presented to the committee of publication.

Dr. Dan'l Brainard of Chicago, Illinois, on the constitution and local treatment of carcinoma. He requested further time to make a full report.

Dr. N. S. Davis of Chicago, Illinois, on the influence of local circumstances on the origin and prevalence of typhoid fever. The report, of which he read a brief abstract, was referred to the committee on publication.

Dr. Donaldson of Baltimore on the present and prospective value of the microscope in disease. Dr. Donaldson, in a communication, stated that his report was complete, but he not being present, it was, without reading, referred to the committee on publication.

The report of the committee on medical education was received, but owing to its length, its reading was passed over. It was referred to the committee on publication.

Dr. Pope, chairman of the committee on prize essays and volunteer communications, now made the following report:

Mr. President—The committee on prize essays and volunteer communications, respectfully report that the essays submitted to their consideration were nine in number, of which one was presented as a volunteer communication. The committee have carefully examined the whole of these essays, and bestowed upon them the attention which a sense of the importance of the duty assigned them imposed. They feel free to say that some of these essays possess undoubted merit, both in matter and style, and they admit in them evidence of high scientific attainment as well as a familiarity with the graces of composition. But whilst cheerfully according these claims to their authors, the committee have preferred to be governed in their choice by considerations of originality

and practical import, rather than a mere theoretic speculation, however finely portrayed. The committee have, consequently, concluded to award but a single prize. The essay selected is entitled "An Essay on a new method of treating Ununited Fractures and certain Deformities of the Osseous System." It bears a motto in French, which, being liberally rendered in modern English, reads, "and notwithstanding all the pains I have heretofore taken, I have reason to praise God, in that it hath pleased Him to call me to that branch of medical practice commonly called surgery, which can neither be bought by gold nor by silver, but by industry alone and long experience."

If it please the association, I will now break the seal of the packet superscribed by the same motto, and declare the name of the successful competitor.

Dr. Pope then broke the seal and announced the name of Professor Brainard of Chicago.

Dr. McPheeters moved that Professor Daniel Brainard take the stand and give the association an abstract of his new mode of treating fractures, &c.; which motion was carried, and Professor Brainard accordingly came forward, and in an able manner gave the requiste information.

Dr. Hooker of Connecticut, treasurer, now introduced the subject of annual assessments, and called the attention of the association to the fact that he was ready to receive the dues of members.

Dr. Elbert offered certain resolutions to the effect that a committee be appointed to recommend to the next annual meeting, for consideration, any alteration they might deem necessary in the constitution, by-laws, &c., and also that the place of holding future annual meetings of the association be determined by ballot, without the intervention of the nominating committee. The resolutions, after much discussion, were lost.

Dr. Guthrie offered the following resolutions, which were unanimously carried:

Resolved, that in the secretary of the treasury's recommendation to congress to abolish or materially modify the duty on such crude drugs not produceable in this country, as are used in the laboratories of the country in the manufacture of chemicals, we recognize a wise provision for the further protection of the profession and the community at large, from impure and sophisticated medicine.

Resolved, that a copy of this resolution be signed by the proper officers of this association, and transmit the same to the secretary of the treasury and to the committee on ways and means.

Dr. J. B. Johnson now stated to the meeting that he had a letter from Dr. Stephen Williams of Illinois, enclosing a preamble and resolution, which he desired to read to the meeting.

He then read the letter, of which the following is a copy:

American Medical Biography, for the American Medical Association assembled at St. Louis.

Mr. President—At the last meeting of the association at New York, I presented the following preamble and resolution through my friend Dr. Stewart of New York, which, with some amendments, were laid on the table:

As we are constantly called upon to deplore the ravages of death among the illustrious and worthy members of our profession throughout the United States:

Resolved, that a standing committee be appointed by this association to procure memorials of the eminent and worthy dead among the distinguished physicians of our country, and present them to this association for publication in the Transactions. * * * * *

The preamble and resolutions were, on motion, adopted.

The chair then announced that he would appoint the committee contemplated by the resolution, hereafter.

Dr. McIlvaine offered the following resolution:

Resolved, that in the opinion of this association, the practice of professors reading lectures to their classes, no matter with how much care, selected from the musty records of antiquity, is a miserable apology for teaching, is prima facie evidence of their inaptness to instruct, and is inimical to medical progress.

It was, on motion, laid on the table.

Dr. French submitted the following resolution, which was carried:

Resolved, that a committee be appointed to enquire what state or other society, represented in this association, is in fellowship with irregular practitioners.

Dr. Blachford of Troy read a letter from Dr. A. D. Spore, stating that he (Dr. Spore) had been for some time investigating the subject of hydrophobia, to ascertain what influence the weather had upon the disease, and in the letter he requested that communications on the subject might be sent to him by members of the faculty who had opportunities of making observations. Dr. Spore not being a delegate, it was moved that Dr. Blachford be appointed chairman of a committee for investigation of this subject.

The following resolution was offered by Dr. Dowell:

Resolved, that a committee be appointed to investigate the improvements of the instruments for lithotomy by Nathan R. Smith, Paul F. Eve and Dr. McDowell.

The resolution was laid on the table.

The following was offered by Dr. S. M. Smith of Columbus, Ohio, which was carried:

Resolved, that a standing committee of —— be appointed by the association on the subject of insanity as it prevails in this country, including in its *causation* hereditary transmission, educational influences, physical and moral, social and political institutions, &c. *Its forms* and *complications*, *curability* and means of cure and prevention.

The announcement was now made that at 4 o'clock P. M. there would be fifteen omnibuses at the door of the hall awaiting the members of the association, together with numerous buggies and carriages, to conduct them to the residence of Col. O'Fallon, who had extended them a general invitation to an entertainment.

The meeting adjourned to 3 o'clock in the afternoon.

AFTERNOON SESSION.

The association met as per adjournment.

Dr. Samuel P. White, of the University of Buffalo, submitted the following resolution, which was carried:

Resolved, that the thanks of this association be presented to Dr. J. Knight, late president, for the very dignified, courteous and efficient manner in which he presided over its deliberations, and that he be respectfully requested to furnish the usual address for publication.

The committee appointed by the American Medical Association to devise or consider some comprehensive plan for the more general, systematic and thorough investigation of subjects connected with medical science, made a report, to which was appended the following resolution:

Resolved, that the American Medical Association hereby recommends all medical societies to establish, in accordance with the plan detailed in the foregoing report, special committees for the selection, investigation, collaboration and publication of all subjects of interest connected with medical science.

The resolution carried, and the report and resolution were referred to the committe of publication.

Dr. Atlee communicated to the meeting that he had received a letter from Dr. Parish, chairman of the committee on epi-

demics of New Jersey, stating that his report was yet unfinished, but would soon be ready for publication.

On motion, it was directed to be handed over to the committee of publication when finished.

Dr. Davis presented some specimens of milk to the association, which he explained would, if used, prevent many of the diseases to which children are subject, arising from using putrid milk. He respectfully submitted specimens to the consideration of the association.

After a session of half an hour, the meeting adjourned till 9 o'clock next morning.

THURSDAY, May 4.

The association convened at nine o'clock A. M.—Dr. Pope, president, in the chair.

On motion, the regular order of business was suspended for the purpose of filling the vacancy in the nominating committee from Iowa.

On motion, Dr. McGingan was chosen to fill the vacancy.

The minutes of Wednesday's proceedings were read, and after a few unimportant amendments, were adopted.

Dr. McPheters stated to the association that arrangements have been made with the different lines of travel from the city, to convey the members of the association to their homes, free of charge; and that all the lines and companies had agreed to the arrangement, excepting the New York and Hudson river railroad company.

The secretary now read a communication from the chairman of the nominating committee, requesting that body to meet. Also, a communication tendering the hospitality of the city of Burlington, Iowa, to those members who return by the upper Mississippi.

Dr. Atlee offered the following resolution, which was carried:

Resolved, that it shall be the duty of the publication committee to append to each volume of the Transactions hereafter published, a copy of the constitution of the association.

The following resolution, offered by Dr. Gross, was also carried, and Dr. Gross was appointed by the chair the committee designated:

Resolved, that a committee of one be appointed by the chair to enquire into the causes which obstruct the formation

and establishment of our national medical literature, and to report the subject at the next annual meeting of this association, or as soon thereafter as practicable.

A communication was received from the directors of the Pacific railroad company, inviting the association to take an excursion on the road, and offering a special train for the purpose.

A vote of thanks was returned, and the invitation accepted.

Dr. J. Berrien Lindsley offered the following resolution, which, on motion, was referred to the committee on medical education, with instructions to report at the next annual meeting of the association:

Resolved, that this association earnestly recommend to the few western schools which still retain the rule of making four years' practice equivalent to one term at college, the abrogation of said rule, as holding out a strong inducement and temptation to young men to enter upon the practice of medicine with little or no preparation.

Dr. Paul F. Eve of Nashville, Tenn., submitted a resolution, which, after amendment as follows, was carried:

Resolved, that a committee of three be appointed by the chair to report, at the next meeting of the association, the best means for preventing the introduction of disease by emigrants into our country.

The chair appointed Drs. Dickson, Griscom and E. D. Fenner, a committee.

Dr. Linton of St. Louis offered the following, which was also referred to the above named committee:

Resolved, that in the opinion of this association, quarantine establishments afford no protection to states and cities against the invasion of epidemics such as cholera and yellow fever.

Dr. Penn offered a resolution to the following effect:

Resolved, that the members of the committee of arrangements who are not members of the medical association, be invited to take seats in this association, as members by invitation.

Which was carried.

Dr. Jayne arose and offered a resolution in relation to the memorial from Drs. Hammer and Murphy, of the American Medical Society at Paris, to the American Medical Association, which was, at a previous meeting, referred to the committee on education.

Resolved, that the memorial from Drs. Hammer and Murphy be withdrawn from the committee on education.

Dr. Jayne spoke at some length regarding the memorial referred to and the object of his resolution.

He stated that such a document implied the inefficiency of American professors of medicine to give students a complete and thorough scientific education, and cast unjust and shameful reflections upon the capacity of medical men in this country. He contended that such a document, being so disposed of, appearing in the published proceedings of the American Medical Association, to be read in all parts of the Union, would confer a lasting disgrace on the judgment and deliberations of that body, and on the whole faculty in this country. He warmly supported the object of the resolution, and submitted it.

Dr. Atlee remarked in this connection, that he knew something of the motives of the young men who wrote it, and was convinced that it was dictated by the best intentions, and without any desire on the part of the authors to underrate the members of the profession, or medical science in this country.

Dr. Elbert entered warmly into the discussion, and remarked that the association should act upon the document as it appeared. That it spoke for itself, and that the association had nothing to do with intentions outside of the language of the document.

Dr. McIlvain wished the objection to the document more clearly specified than he had yet heard it. He believed it to have been sent in good faith.

Dr. Edgar then made some statements about the loose and incompetent education received by some physicians in this country in certain schools, before they were considered qualified and permitted to enter upon the practice of the profession. He instanced two young men who had commenced the study of medicine in his office, and whom after remaining six or eight months he candidly told that they would never make competent physicians. The young men left, and in eighteen months or two years from that time they were regular practicing physicians, having passed through some school which he did not name. He contended that some protection was necessary. He said, moreover, that an effort was made some time ago in this state to establish a board of censors, under whose examination every student should be required to pass before entering upon the duties of the profession, but that it failed, the physicians arising *en masse* against it, with the single exception of Dr. Linton.

After some more discussion, the memorial was withdrawn from the committee of education and laid on the table.

A communication was read from Dr. Peebles, chairman of the committee on epidemics of Virginia and North Carolina,

requesting to be excused from the committee. The request was granted.

The secretary stated that a document had been received from Dr. Phelps of New York, purporting to be an abstract of a paper explaining the relation between medicine and religion.

On motion, the regular business was suspended to give place to the reading of the report of the nominating committee, of which the following is a copy:

Report of the Committee of Nominations.

The committee on nominations, in fulfilling the duty imposed upon them, recommend the continuance of several of the special committees previously created, and the appointment of some new ones. They, therefore, submit the following list of chairmen of special committees, with the subjects to them committed:

Dr. Worthington Hooker of New Haven, Connecticut, on epidemics of New England and New York.

Dr. John L. Atlee of Lancaster, Pa., on epidemics of New Jersey, Pennsylvania, Delaware and Maryland.

Dr. D. J. Cain of Charleston, S. C., on epidemics of South Carolina, Florida, Georgia and Alabama.

Dr. W. L. Sutton of Georgetown, Ky., on epidemics of Tennessee and Kentucky.

Dr. Thos. Reyburn of St. Louis, Mo., on epidemics of Missouri, Illinois, Iowa and Wisconsin.

Dr. Geo. Mendenhall of Cincinnati, Ohio, on epidemics of Ohio, Indiana and Michigan.

Dr. E. D. Fenner of New Orleans, La., on epidemics of Mississippi, Louisiana, Arkansas and Texas.

Dr. James Jones of New Orleans, La., on the mutual relations of yellow and bilious remittent fever.

Dr. D. V. Condie of Philadelphia, Pennsylvania, on the causes of tuberculous disease.

Dr. Jos. Leidy of Philadelphia, Pa., on diseases of the parasitic origin.

Dr. A. P. Merrill of Memphis, Tenn., on the physiological peculiarities and diseases of negroes.

Dr. Jos. N. McDowell of St. Louis, Mo., on statistics of the operation for the removal of stone in the bladder.

Dr. F. P. Porcher of Charleston, S. C., on the toxicological and medicinal properties of our cryptogamic plants.

Dr. Daniel Brainard of Chicago, Illinois, on the constitutional and local treatment of corcinoma.

Dr. Geo. Engleman of St. Louis, Mo., on the influence of geological formations on the character of disease.

Dr. Henry Taylor of Mount Clemens, Mich., on dysentery.

Dr. Horace Green of New York on the use and effect of applications of nitrate of silver to the throat in local or general disease.

Dr. P. C. Gooch of Richmond, Va., on the administration of anæsthetic agents during parturition.

Dr. Chas. Hooker of New Haven, Conn., on the diet of the sick.

Dr. E. R. Dabney of Clarksville, Tenn., on certain forms of eruptive fevers, prevalent in Middle Tennessee.

Dr. Sandford B. Hunt of New York on the hygrometrical state of the atmosphere in various localities, and its influence on health.

Dr. Frank H. Hamilton of Buffalo, New York, on the frequency of deformities in fractures.

Dr. M. M. Pallen of St. Louis, Mo., on diseases of the prostate gland.

Dr. H. A. Johnson of Chicago, Ills., on the excretions as an index to the organic changes going on in the system.

Dr. Leroy H. Anderson of Sumpterville, Ala., on typhoid fever and its complications as it prevails in Alabama.

Dr. W. H. Byford of Evansville, Ia., on the pathology and treatment of scrofula.

Dr. N. S. Davis of Chicago, Ills., on the nutritive qualities of milk, and the influence produced thereon by pregnancy and menstruation in the human female, and by pregnancy in the cow, and also on the question whether there is not some mode by which the nutritive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supersede the present defective and often unwholesome method of supply.

Dr. E. B. Haskens of Clarksville, Tenn., on the microscopical investigations of malignant tumors.

Dr. Geo. K. Grant of Memphis, Tenn., on the sulphate of quinia as a remedial agent in the treatment of fevers.

Dr. R. R. McIlvain of Cincinnati, Ohio, on the study of pathology at the bed-side.

Dr. E. S. Cooper of Peoria, Ill., on orthopædic surgery.

Dr. Andrew F. Jeter of Palmyra, Mo., on the modus operandi of the envenomed secretions of healthy animals.

Dr. Sam. M. Smith of Columbus, Ohio, on insanity.

Dr. Rene La Roche of Philadelphia, Penn., on the jaundice of yellow fever in its diagnostical and prognostical relations.

Dr. Charles Chandler of Rocheport, Mo., on malignant periodic fevers.

Dr. S. B. Chase of Portland, Maine, on typhoid fever in Maine.

Committee on Plans of Organization for State and County Societies—A. B. Palmer, M. D., Michigan; R. R. McIlvain, M. D., Ohio; D. L. McGugin, M. D., Iowa; E. R. Peaslee, M. D., New Hampshire; Thos. Lipscomb, M. D., Tennessee.

Committee on Medical Literature—Robert J. Breckenridge, M. D., Kentucky, chairman; A. A. Gould, M. D., Mass.; D. L. McGugen, M. D., Iowa; J. B. Flint, M. D., Ky.; O. M. Langdon, M. D., Ohio.

Committee on Medical Education—Wm. H. Anderson, M. D., Alabama; A. Lopez, M. D., do.; Andrew Murray, M. D., Michigan; A. Ramsay, M. D., Tennessee; R. D. Ross, M. D.

Committee on Prize Essays—Rene La Roche, M. D., Pennsylvania; Isaac Hays, M. D., do.; Alfred Stille, M. D., do.; J. B. Biddle, M. D., do.; Geo. W. Norris, M. D., do.; Joseph Carson, M. D., do.; Joseph Leidey, M. D., do.

Committee of Arrangements—Isaac Hays, M. D., Pennsylvania; G. Emerson, M. D., do.; Wilson Jewell, M. D., do.; Alfred Stille, M. D., do.; Francis West, M. D., do.; Wm. V. Keating, M. D., do.

Committee on Publication—Pliny Earle, M. D., New York; D. Francis Condie, M. D., Pennsylvania; E. S. Lemoine, M. D., Missouri; A. March, M. D., New York; E. H. Davis, M. D., do.; C. R. Gilman, M. D., do.

After the reading of the report, Dr. Reyburn moved its adoption, excepting that portion referring to the committee on publication, in the following resolution:

Resolved, that the said report be adopted, with the exception of that portion which refers to the committee on publication.

Which led to an animated and protracted discussion.

On motion of Dr. Sayre, it was referred to a committee of the whole, when the discussion was renewed with increased ardor, and lasted two or three hours. The committee of the whole at length reported back the amendment of Dr. Reyburn, and it was adopted.

The committee then rose, and the association adjourned.

AFTERNOON SESSION.

The association convened at three o'clock—Dr. Pope in the chair.

A resolution was offered by Dr. Storer in relation to permanent members; which was unanimously carried.

A resolution was offered to the effect that W. S. Maus, M. D., of Pekin, Illinois, be elected a permanent member; which was carried unanimously.

Dr. Atlee offered the following resolution, which was carried:

Resolved, that this association earnestly recommend to their medical brethren in those states in which societies do not exist, the immediate organization of state and county medical societies.

Dr. Ramsey offered a resolution, which, on motion of Dr. Coons, was laid on the table.

Dr. Breckenridge offered a resolution to the following effect:

Resolved, that the papers and documents of the association shall hereafter be the exclusive property of the association; which, as amended by Dr. Smith, was carried.

Dr. Phelps of New York read an abstract of a paper on the connection between medicine and religion in its origin and progress.

The document was referred to a special committee, to be appointed by the chair. The president named Dr. Atlee, Dr. Sayre and Dr. March, to serve on the committee.

A motion was now made to proceed to the regular business; which was carried.

Dr. Eve moved that the matter relating to the report of the committee on nomination, and the blank occasioned by the amendment offered by Dr. Reyburn, which was adopted in committee of the whole, be referred back to the nominating committee for the purpose of filling up the blank; which was lost.

The question then came up upon adopting the original report of the committee of nominations. A discussion arose, participated in by Drs. Breckenridge, Atlee, Sayre, Storer, McDowell, White, and others. It was in character much the same as that of the morning, becoming very animated; and at times personal feeling and sectional jealousy were evinced.

The original report of the committee was at length adopted.

After the vote was announced, the delegation from Philadelphia, through Dr. La Roche, announced that they would take the responsibility of tendering the resignation of Dr.

Condie of Philadelphia, treasurer of the association. After some little discussion, the resignation of Dr. Condie was accepted.

Dr. West of Philadelphia, one of the secretaries, then tendered his resignation, and the question being upon accepting it, it was lost.

Dr. Breckenridge of Kentucky then offered the following resolution, which was carried:

Resolved, that hereafter the majority of the committee on publications shall be selected from the physicians of that city in which the association may annually meet.

A vote of thanks was then unanimosly returned to Dr. Condie for the able, zealous and impartial manner with which he had discharged his duties as treasurer.

A resolution was reported to amend the constitution, which provides that its annual meetings shall be held on the first Monday in May, and substitute the second Monday. The resolution, under the rule, lies over for a year.

Dr. W. H. Byford offered a resolution of thanks to Dr. Pinckney of the United States navy, for the able address delivered before the association on the first day of its session; which was unanimously adopted.

Dr. Atlee offered a resolution tendering the thanks of the association, and of the individual members, to the citizens of St. Louis for their hospitality and kindness; also, to the directors of the various railroads and officers of steamboats, for the generous manner in which they have tendered their kind offices; which was adopted.

Dr. White moved that a vote of thanks be extended to the late publishing committee for their best endeavors to serve the association; which was unanimously adopted.

A resolution offered by Dr. W. W. Hitt, about alcoholic drinks, was adopted, and referred to the committee on nomination.

A resolution offered by Dr. C. B. Hughes, relating to specialty practice in surgery, was, on motion, laid on the table.

Dr. White, from the nominating committee, reported to the association the name of Dr. Blatchford of New York, as treasurer, in place of Dr. Condie, resigned.

Dr. Blatchford declined acting in that capacity, and the committee subsequently reported the name of Dr. Wood of New York. They also reported a special committee on epidemics, for the states of Virginia and North Carolina, with Dr. Haskins as chairman; and also, the resolution relative to alcoholic drinks was reported back by them, referring it to a special committee, consisting of Dr. Mussey.

Dr. W. S. Edgar offered a resolution in regard to the compounding of medicine, and recommending apothecaries to use different colored paper in putting up poisonous drugs, with an appropriate stamp upon it, in contradistinction to other medicines.

Dr. Bane of Illinois was elected a permanent member.

A letter from Dr. Engelman of St. Louis was read, resigning his situation as chairman of one of the special committees, but the association refused to accept it.

The following resolution, offered by Dr. J. B. Lindsley, was, on motion, laid on the table :

Resolved, that the too prevalent practice of professors in medical colleges recommending their own writings and editings as text books for their students, is, in the opinion of this association a serious evil, trammeling as it does the student in his choice of books, and promoting the publication and circulation of woks of inferior merit.

A vote of thanks was returned to Dr. Hooker, treasurer pro. tem.

Dr. Gross informed the association that the second volume of the work of the late Professor Drake of Cincinnati was now in the press at Philadelphia, and would be issued early in the present summer. The second volume he said was on practical medicine, and will be entirely independent of the first.

Dr. McPheters announced to the association that omnibuses would be in attendance at the hall this morning at 9 o'clock, to convey the members to the depot of the Pacific ralroad, in pursuance of the invitation tendered to them by the directors.

On motion, the association adjourned.

Case of Inflammation and Abscess of the Breast, of seven months' duration, treated with the Iodide of Potassium and pressure.

BY A. RUTTAN, M. D., NEWBURG, C. W.

Mrs. R———, aged 30, having been delivered of her third child, was attacked on the fifth day with severe inflammation of the left breast, which terminated in abscess. Her physisian, as near as I could learn, applied the usual antiphlogistic remedies, which not proving successful, induced him to quit his patient, with a view of trying what nature would do to-

wards effecting a cure. When she applied to me, which was seven months after her confinement, the whole of the left mamma was diseased, together with the glands in the axilla. The cellular tissue, fascia, and gland, were alike involved in the inflammatory action, and the latter, being much enlarged, had that peculiar nodulated and tumor-like feel, which is characteristic of inflammation of this organ. The integuments were much swollen, of a dark-red or brown color, and excessively tender on pressure.

At the superior margin of the gland, was an orifice, which gave exit to the purulent discharge. By introducing the probe, I found that the gland was separated for the greatest part of its extent, from the pectoral muscle, and could pass the instrument downwards in any direction to the depth of six inches, and backwards into the axilla as far as the latissimus dorsi. During the first five or six months, she had, according to her own account, almost daily, cold chills, followed by heat and perspiration, with occasional sick fits, vomiting of bile, loss of appetite, and sometimes absolute loathing at food. When I saw her, she seldom perspired, but had repeated shivering fits, and so susceptible had the nervous system become, that cold chills, with severe local pain, followed by nausea, were produced, whenever the breast was exposed to the air of the room at an ordinary temperature.

Having seen an extract from the Southern Medical and Surgical Journal, as published in the February No. of the Medical Chronicle, upon "Mammary Abscess, treated with iodide of potassium, by J. Y. Caruthers of Hendricksville, Alabama," I resolved to try the effects of the remedy on my patient. I gave her two grains of the iodide night and morning, in the form of solution, and applied locally the ung. iodini, spread upon fine linen. In a few days her appetite and general health improved, and in ten days, with the use of the remedy, the tenderness had so far diminished, that the application of pressure by means of a roller and compress, as tight as I could conveniently apply it, was attended with but little pain or uneasiness. In applying the bandage, I passed it alternately around the chest and over the right shoulder, care being taken to direct the pressure from below upwards, and at the same time, maintain a large and firm compress in the axillæ, which I afterwards regulated according to circumstances. During the first twenty-four hours after applying the roller, six or eight ounces of pus escaped from the opening, and the swelling had so far subsided as to loosen the bandage. I reapplied it every other day, the discharge constantly diminishing, and in three weeks from the time I first saw her, the discharge

had ceased, and the sinuses completely closed. I examined the breast a month afterwards, and there were no signs of its return. The gland had become nearly restored to its natural consistency and color, and says she feels perfectly well, experiencing only at times a slight uneasiness in the breast, which she imputes to atmospherical changes.

Montreal Med. Chron.

On the use of Chloroform Ointment in Rigidity of the Os Uteri.

BY G. W. RONALD, M. D., PHYSICIAN TO THE LOUISVILLE ALMS-HOUSE.

There are, with few exceptions, no accidents to which the parturient woman is subject that inflict upon her a greater amount of suffering than obstinate rigidity of the os uteri. It not unfrequently baffles the skill of the oldest and most experienced practitioner for a long time; and were we to judge from the pain dependent upon this condition of the organ, we should very readily suppose that the life of our patient was in the most imminent danger. This state of affairs as compared with the number of births, is fortunately of rare occurrence; yet it is of sufficient frequency to make the subject one of considerable interest and importance in practice. Various causes have been assigned by different authors for rigidity of the os uteri; some attributing it to mechanical contrivances used for supporting the organ, others to the injudicious use of escharotics, whilst others again contend that morbid irritability is the principal cause; and this last conclusion seems to us more rational than either of the others. It is not my intention, however, to enter into an enquiry as to the cause of the difficulty, but to call the attention of the profession to the use of chloroform ointment, as I have found it the most expeditious, reliable and safe mode of overcoming it. I do not pretend to say that it is a specific, for my limited experience in its use would not justify such a conclusion, having used it in but a few instances, but in these with the most gratifying results. The first time that I made a trial of it was in the Louisville alms-house, on the 28th day of January 1852.

Mrs. C., aged twenty-three, a seamstress, was admitted on the 25th, reputed to be of respectable family, full and plethoric habits, nine months advanced in pregnancy with her

first child. She was complaining of pain in the left side, considerable œdema of the lower extremities, bowels constipated, for which oil had been repeatedly taken, urine highly colored and scanty. Ordered a Seidlitz powder to be given, and as soon as it operated, to be followed with a teaspoonful of sweet spirits of nitre every two hours. At seven o'clock on the morning of the 28th she was taken in labor. I saw her at 10 o'clock. Upon an examination, the os uteri was sufficiently dilated to ascertain a head presentation, though the membranes were not ruptured. The pains were powerful and strong, continued to return at short and regular intervals, and I consoled myself with the thought that I should be detained but a short time, yet hour after hour passed and still the os uteri had made no perceptible progress towards dilatation. The woman had become restless and despondent, intense thirst, sickness at the stomach with constant retching, throwing off the water almost as soon as swallowed. If the os uteri was touched she complained of pain, it was hot and unusually rigid, feeling as if a tight band or cord had been drawn around the neck of the organ, which was resisting and unyielding. Having waited upon nature to overcome the difficulty, until the patience of the woman as well as of her attendants was completely exhausted, I determined to resort to some of the remedies usually recommended. Accordingly the arm was tied, and blood abstracted to approaching syncope. Tartrate of antimony and the warm bath, all in their turn, were brought into requisition; yet the condition of the organ had changed but little, though the membranes at this time had given way and discharged a portion of liquor amnii. These means having failed to procure the desired effect, I went to the office for the purpose of making an ointment of belladonna, but was disappointed in finding none in the house. When I was in the act of sending to town for the article, it occurred to me that the ointment of chloroform might as readily relieve rigidity of the os uteri, as contraction of the muscles of the extremities, which I had often seen it do, having had it applied to my own person in an attack of cholera, by my friend and preceptor, Dr. T. S. Bell. Taking this view of the subject, I determined to try it, though not without some doubts and apprehensions, for I knew not what effect it might have upon the child, or upon the hot and irritable os uteri. The ointment was prepared by taking one drachm and a half of chloroform and thoroughly incorporating it with one ounce of simple cerate; which was freely applied, principally upon the external surface of the neck of the organ. At the time of the application the woman com-

plained of slight smarting pain, which passed off in the course of a few minutes; and had it been applied at the commencement, or during contraction of the organ, she would have made no complaint, as was fully proved in the subsequent cases in which I used it. Upon an examination twenty-five minutes after the application of the ointment, I was surprised to find the os uteri dilating rapidly, soft and pliant; and in one hour and twenty-seven minutes after its first application, the woman was delivered of a fine, robust and healthy boy.

I am well aware that any manual interference on the part of the practitioner, in order to terminate protracted or lingering labor, is condemned by some of the ancient writers upon obstetrics. Dr. Blundell, in his valuable and scientific work, reminds us in every chapter that "meddlesome midwifery is bad." This, I suppose, no one will doubt. But surely no well informed physician, in this age of improvement and advancement both in the arts and sciences, when every thing seems to be moving on with almost telegraphic speed, will condemn the use of any remedy that we may have at our disposal, for shortening the pangs of one of the most painful processes in the parturient woman.

Toxicology, &c.

Coloration of Condiments and Fruits with Preparations of Copper.—M. Moride has met with numerous accidents originating in the employment of salts of copper for coloring fruits, pickles, &c.; and from neglect of cleanliness with copper culinary utensils. Some prunes, which had produced vomiting, &c. in seven individuals, being analyzed, were found to contain sixty-five centigrammes (= 9.265 grs. English) of sulphate of copper, in from about twenty-seven to twenty-nine grammes (= about six pounds troy) of prunes. Gherkins, as sold in the shops, have also frequently been found, according to M. Moride, to have produced similar inconveniences. (*Journal de Chimie.*) It may, however, be doubted whether so small a proportion of salts of copper as is usually detected under the circumstances above referred to would be likely to give rise to symptoms of an alarming character. We are familiar with the medicinal administration of sulphate of copper without injury, in much larger doses than usually indicated by analysis in alleged cases of poisoning. It has been suggested, with much reason, by Dr. Paasch

(*Casper's Vierteljahrschrift*, 1 Band, 1 Heft, p. 79,) that the alleged poisonous effects must rather be attributed to animal poison, analogous to that known as sausage-poisoning, arising from the decomposition of the alimentary matters, through neglect and want of cleanliness. For an abstract of the paper by Dr. Paasch, and remarks thereon, (by the writer,) we may refer to the *Legal Examiner and Medical Jurist*, Nov. 13, 1852.

Journal de Chimie Médicale.

Attempted Poisoning with Acetate of Copper.—M. Chevallier has written an elaborate report, occupying twenty-seven pages of the *Annales d'Hygiène*, upon the case of a woman whose husband had attempted to poison her by mixing verdigris with her food. The poison was administered with some haricots, but on account of the nauseous taste and acrid effects upon the mouth, they were only partly eaten; the greater portion were thrown away into the garden. Having been again collected, they were submitted to analysis by M. Chevallier. The beans and garden mould were together macerated in dilute sulphuric acid, and then dried by heat, until the organic matter was charred, and a portion of the acid volatilized. The black residue was then treated with nitric acid, and boiled in distilled water. This fluid was subjected to several tests, by which it was ascertained that neither arsenic nor antimony was present, but a salt of copper was detected in small quantities. It was alleged by the accused that he had employed the colored material from the ends of lucifer matches, that if any copper was present it must have been derived from the garden mould. It is unnecessary to follow the details of the analyses—which destroyed every pretence of the kind advanced by the accused, who was proved to have administered verdigris, with intent to kill, and was accordingly condemned to perpetual hard labor.

Annales d'Hygiène, &c.

Poisoning with Arsenic—Death—Exhumation.—If the promoters of a legislative enactment to secure the appointment of public prosecutors wanted an additional argument, which we do not admit to be the case, they might find it in the efficient manner in which inquiries into the causes of death are often carried through in coroners' courts. To the numerous instances that have occurred before, we have now to add another, in which the deaths of no less than six individuals have been the subjects of investigation. To the energetic exertions of Mr. Bottomley of Croydon, is attributable the discovery of the fact that six persons, whose deaths had

previously been declared by the verdict of a coroner's jury to have been caused by "want of sufficient nourishment and typhous fever," had, in truth, all fallen victims to deliberate and intentional poisoning, by the administration of arsenic, at the hands of one, herself among the victims, the mother of the family. The particulars are briefly as follow:

The family in question, residing at a village named Waddington, near Croydon, Surrey, consisted of a man named Atlee, his wife, and four children; the man being between forty and fifty years of age, his wife twenty-seven, and the children who died respectively of the ages of eight, six, and four years. The husband was an agricultural laborer. On the 14th of December last, the mother was absent from her home on business for about two hours. She left the children in perfectly good health, but on her return she found them sick and vomiting violently. Their illness continuing, Mr. Hubert, the district union surgeon, was called to attend them on the following Tuesday. Two days afterwards, on the 22nd, one of the children died, on the 23rd another, on the 24th the third, and on the 25th the mother. Four days afterwards—viz: on the 29th, an inquest was held on the bodies by Mr. Carter, coroner for east Surrey, when, after the examination of two or three witnesses, the medical gentleman gave it as his opinion that the deaths had been caused by "want of sufficient nourishment and typhoid fever." Mr. Hubert at the same time attributed to the consumption of pond water by the family, the exciting cause of the typhoid fever. The inquest was adjourned for the purpose of an examination of the body of one of the children. In the mean time the father died. At the adjourned inquest the medical witness, Mr. Hubert, who had examined the body, stated that he was convinced that death had been occasioned by typhous, and that there was no ground of suspicion of poisoning. Mr. Bottomley of Croydon, having read the reports of the inquests in the newspapers, and feeling convinced that the deaths were not satisfactorily accounted for, either by the evidence, or by the verdict, addressed a memorial upon the subject to Lord Palmerston, requesting that the inquest should be reopened. The secretary of state, upon Mr. Bottomley's representations, instituted a further investigation, the consequence of which has been the exhumation of one of the bodies, and an analysis of portions of the contents of the abdomen by Dr. Taylor, parts of whose report we subjoin.

"1. *Contents of the Stomach.*—The brown pasty matter was free from any undigested portions of food. When diluted with water it deposited no mercurial sediment; the contents

were submitted to the usual chemical tests and processes for the detection of such virulent poisons as would produce the inflammatory appearance found on the stomach, including arsenic, corrosive sublimate, the salts of mercury, lead, copper and antimony; *but there was not a trace of any one of those poisons.*

"2. *Coats of the Stomach.*—The coats of the stomach were cut up and boiled in hydro-chloric acid and water, and the decoctions thus obtained were submitted to the same tests and processes for the detection of irritant poisons, but no poison was present in them.

"3. *The Small Intestines.*—These, with their contents, were treated like the coats of the stomach; but the result was, that no poison was contained in them.

"4. *The Liver.*—About 4 oz. of the liver were next subjected to analysis, and the result was, that this organ was found to contain arsenic in a comparatively large quantity. The arsenic was separated from the liver in the state of metal; this was converted to crystals of white arsenic, and tests then applied left it beyond the slightest doubt that *the liver of the deceased contained that poison.* The arsenic had been deposited in the liver as the result of the absorption of the poison into the blood while the deceased was living."

After this discovery, it was not considered necessary to protract the investigation by separate analysis of the pancreas and spleen.

"I entertain no doubt," says Dr. Taylor, "in this case, that death was caused by arsenic; at the same time, having carefully read the depositions, and considered the medical evidence given at the first inquiry, I beg to make the following remarks:—The evidence given by the medical gentleman (Mr. Hubert) is consistent with the facts as they appeared. It appears to have been clearly established that probably as a result of poor living and unwholesome food, deceased and her family suffered from worms to a remarkable degree. In the absence of any strong grounds for suspicion, the presence of these worms might account for the symptoms of irritation of the bowels and fever under which they labored. The fact that deceased survived for a period of seven or eight days after the first attack of vomiting and purging, is a most unusual circumstance in poisoning with arsenic, and might fairly disarm suspicion. *Had an analysis of the stomach and intestines been made at the first inquest, no poison would have been found.* In the case of the deceased it has been now detected in the liver, but to detect it in this organ requires practice and experience in such matters, and the appurtenances of a large

and well-furnished chemical laboratory. It appears to me probable, from the evidence and analysis, that the deceased took the poison in small doses at different times in some article of food, and that the last dose taken was probably some hours or even days before she died."

The verdict of the jury at this inquest was to the effect that "the deceased, Harriet Atlee, died from poison administered by her own hand, and that she had also given poison to her children." This verdict seems clearly to demand further examination of the bodies upon which verdicts of death from natural causes still stand recorded.—*Lancet.*

Poisoning by Arsenical Ointment.—An instance of the injurious effects of the absorption of arsenic from the cutaneous surface, has come under the notice of Mr. Mitchell of Liverpool. A man who had pediculi upon his scrotum and pubes, applied thereto a mixture of arsenic and soap, which he had prepared for killing bugs; the result was that the cuticle of the scrotum peeled off, leaving the *cutis vera* exposed; inflammation of the testicles followed. The patient complained of stiffness in the neck, and difficulty of swallowing, thirst, headache, an indescribable sensation, as if his hair was standing on end and being pulled out by the roots. He suffered also from vomiting and purging, with burning pain in the bowels, and tenderness of the epigastrium. These symptoms did not wholly subside for a fortnight.—*Medical Times and Gazette.*

On the Comparative Poisonous Properties of the Arsenious and Arsenic Acids.—In 1848, MM. Woehler and Frerichs express doubts of the accuracy of the generally received opinion that arsenic acid possesses more energetic properties than does the arsenious acid. Their doubts were founded upon the less considerable local lesions produced by the former than by the latter, in dogs and rabbits poisoned by both acids. M. Schroff, however, has pointed out that the intensity of the poisonous action of any substance is not necessarily measured by the degree of local injury it produces. With reference to this point, M. Schroff refers to cases where death has rapidly ensued on arsenical poisoning, and in which no lesion of the stomach or intestines has been detected. M. Schroff has performed experiments upon rabbits, in order to determine the comparative poisonous activity of these two arsenical compounds. The conclusions from these experiments are, that the arsenic is not a less energetic poison than the arsenious acid, although for the most part it produces less intense local action. With regard to arsenious acid itself, the severity of

its action varies, but it may be stated to be greater in proportion, as it is better dissolved.—*Journal de Chimie Mèdicale.*

Mercurial Poisoning—Death.—An inquest was held at Lambeth, in December last, on the body of a lady, aged forty-six years, who having purchased some "worm lozenges" of a druggist, was attacked with profuse salivation and glossitis. She had taken one lozenge each night, for four nights in succession. She died at the end of eighteen days. The medical witness, Dr. Humble, gave it as his opinion that the deceased had died from mercurial poison contained in the lozenges as calomel. Verdict, "accidental poisoning."—*Morning Herald.*

Poisoning by Tartar Emetic.—A girl, aged sixteen years, complained of feeling bilious, and was advised by a nurse to take a dose of tartar emetic; one pennyworth was procured on Nov. 21, and two-thirds of the quantity taken the same evening at six o'clock. Within a quarter of an hour vomiting of dark matter came on, and a little while after, purging occurred. These symptoms continued for about three hours. A burning pain in the œsophagus was complained of. She then fell asleep. On the following morning she took some tea, and did not appear so ill as to require medical attention. About four o'clock in the afternoon, however, she "felt as if dying;" medical aid was then obtained, the pulse was thin and cord-like. Brandy, beef-tea enemata, and other means were employed, but failed to rally her. The head was continually thrown back, and the knees drawn up, the skin warm and moist, the pupils dilated; constantly screaming, she lingered in a delirious state until the morning of the third day.

On examination of the body, thirty-six hours after death, the throat appeared swollen, and both iliac regions discolored green. The lungs were slightly congested. The heart healthy, and containing about six drachms of fluid blood; the left ventricle so firmly contracted as to close its cavity. The liver full; gall bladder half full of thick green bile. Kidneys congested. The stomach containing about sixteen ounces of thick grumous fluid, a large patch of greenish discoloration on the posterior part of the greater curvature, near the cardiac orifice, penetrating to the peritoneal covering; the coats of the stomach were at this part softened, and blood was effused beneath the mucous membrane; the same was observed in eight or ten places in the larger end of the stomach: only very slight traces of the poison were obtained by the appropriate tests. The intestines contained quantities of grumous fluid and mucus, but presented no appearance of inflamma-

tion. The ovaries contained cysts and coagula of blood. The hymen was perfect.

In this case, the quantity of tartar emetic taken was about one drachm. Ten grains is the smallest fatal dose on record. (Taylor on Poisons, p. 485.)—*Lancet.*

Poisonous Effects of Iodine injected into the Sac of Chronic Abscess.—M. Nelaton, on the 20th June, opened the sac of a lumbar abscess, and injected it with a solution of iodine of the following strength, viz: One part of tincture of iodine, and two parts of iodine, with sufficient iodide of potassium to prevent the precipitation of the iodine. About half the quantity returned by the canula, which was then withdrawn, and the wound closed. This was done about half past ten in the forenoon; at three o'clock of the afternoon, the patient experienced vertigo, with impairment of vision; soon afterwards, vomiting of serous matter mixed with chocolate occurred. At the same time he felt general indisposition; the skin was moist, the extremities cold, the pulse was small and thread-like; the respiration hurried, and he was becoming prostrated. The patient continued in the same state during the evening and succeeding night.

On the 21st the vomiting continued. He lay faint and groaning; the palpebræ were greatly swollen, and had a violet tint. The patient complained of a distressing sensation in the throat. On the 22d, although apparently in the same condition, he expressed himself as being better. On examining the throat, it appeared merely dry, but respiration was impeded, especially during inspiration. A rough croupy cough was present; and the voice was whispering. This aphonia and dispnœa, arising from œdema of the glottis, are noticed by Orfila among the signs of poisoning from iodine. The tumefaction of the palpebræ, and the vomiting, left no doubt that the indisposition was the result of the absorption of iodine injected into the sac of the abscess. The indication of treatment, therefore, was the elimination of the iodine. Ice and iced beverages were given; slight vesication over the larynx was effected; sinapisms to the extremities, and subsequently doses of croton oil were administered. The result is not stated.—*Journal de Chimie Médicale.*

Poisonous Effects of Chromate of Potash.—(The following instructive case is related by Mr. G. Heathcote.) "August 2d, 1853.—I was requested to visit William H——, a spare, anæmic-looking man, aged thirty, single, about five feet ten inches

in height. He had been under medical treatment for ten weeks, during which time he gradually became much emaciated and exhausted. He had been suffering from ulcerated sore throat for more than three months, which presented the following appearances: several ulcers on the tonsils and throat, the surface of which seemed covered with an ashy slough, and the surrounding mucous membrane was dark, livid, and swollen; pulse 120, small and sharp; great thirst; loss of sleep; tongue rather dry and red; difficulty in swallowing, in consequence of the state of the throat.

I considered him laboring under syphilitic sore throat, although he stoutly denied it. I commenced with iodide of potash and mercury pill; but after four or five days, finding that the ulcers were spreading, I made further enquiry, and found he had been some time a crystallizer of bichromate of potash under Mr. Wm. Dentith of Collyhurst. He told me it was a complaint to which the men were all more or less subject. His father, employed in the same occupation, died some months ago with ulcerated sore throat, aged fifty-five, though before he commenced as a crystallizer he had never been ill.

8th.—Having failed to produce any effect by the above treatment, and wishing much to get the man under the influence of mercury, I began to give him one-sixteenth of a grain of bichloride of mercury every four hours, at the same time sponging the throat with a lotion consisting of two grains of nitrate of silver to one ounce of water. This treatment, I am happy to state, was remarkably successful. The patient was convalescent by the middle of September." Mr. Heathcote adds, that several milder cases of the same nature have recovered rapidly under similar treatment.—*Lancet.*

The Poisonous Effects of Chromium.—Mr. Herapath was requested by a farmer to examine the water drunk by his cows, which had been attacked with great thirst, attempts to be sick (indicated by restless motions of the mouth and frothing of the lips,) diarrhœa, scouring of black offensive motions, diminution of the secretion of milk, abortion, partial atrophy. The best marked symptoms of the action of chromium were, great lassitude and partial paralysis of the hinder extremities, and the eyes and mucous surfaces being covered with "matter." Upon examining the stream at which the cows watered, the water was found to contain 2.92 grains of chromic acid per gallon, derived from neighboring soap-works.—*The Chemist.*

Notice of James Henderson, M. D.

At the beginning of this number our readers will find a lithograph of JAMES HENDERSON, M. D., the third president of the Virginia Medical Society, to which office he was elected on the 20th of December 1823. Dr. Henderson was born at Leven in Scotland, and after having received a very thorough classical education, he repaired to the University of Edinburg to prosecute the study of his future profession. Here, from his talents and acquirements, he took a very high position, and on the 7th of June 1786 he received his degree with much honor. Shortly after this he came to America and settled in Amelia county, Virginia, where he married Mary Ogilby, daughter of Richard Ogilby, Esq. He then removed to the town of Manchester, where he died on the 30th of December 1830.

LIST OF EXCHANGES FOR JUNE.

The Virginia Medical and Surgical Journal. New York Medical Times. Buffalo Medical Journal. Southern Medical and Surgical Journal. Georgia Blister and Critic. Peninsular Journal of Medicine and the Collateral Sciences. New Jersey Medical Reporter. Western Lancet. Boston Medical and Surgical Journal. Nelson's American Lancet. Nashville Journal of Medicine and Surgery. New York Journal of Pharmacy. New Hampshire Journal of Medicine. Kentucky Medical Recorder. Medical Chronicle or Montreal Monthly Journal. The Medical Examiner. The London Lancet. Dublin Medical Press Dublin Quarterly Journal of Medical Science. The Medical News. New York Medical Gazette. New Orleans Medical News and Hospital Gazette. The Southern Planter. The Southern Literary Messenger.

BOOKS, ETC. SENT FOR REVIEW.

Homœopathy Fairly Represented—a Reply to Professor Simpson's Homœopathy Misrepresented: by William Henderson, M. D. First American from the last Edinburgh edition Philadelphia: Lindsay & Blackiston. 1854.—From the publishers, through A. Morris.

The Diseases of the Heart and Aorta, by William Stokes, regius professor of physic in the University of Dublin &c. Philadelphia: Lindsay & Blakiston. 1854.—From the publishers, through James Woodhouse.

History of the Yellow Fever at New Orleans, Louisiana, in 1853, by E. D. Fenner, M. D.—From the author.

Remarks on Croup and its Treatment, by Horace Green, M. D.—From the author.

Annual Catalogue and Announcement of the Medical Department of the St. Louis University, session of 1854-55.

Transactions of the Medical Association of the state of Alabama, at its seventh annual session, begun and held in the city of Montgomery, January 10 to 12, 1854, with constitution, code of medical ethics, and a list of members.

Prize Essay.

At a meeting of the Medical Society of Virginia, held in April 1853, the following resolutions were adopted:

1. That a medal or some suitable testimonial, not to exceed fifty dollars in value, be awarded annually by the society for the best Essay upon some Medical Subject.

2. That a committee of three be appointed to examine all Essays that may be offered, and select the one worthy of such medal or testimonial.

At a meeting of the society, held in April 1854, on motion of Dr. Atkinson, it was resolved that the subject of the next Prize Essay should be *Pneumonia*, and the president of the society was directed to appoint a committee of three to award the premium.

In order to carry out the above resolutions, the president of the society has appointed the undersigned a committee to examine such Essays as may be offered on the subject of pneumonia. All communications must be addressed to the chairman of the committee. They must be accompanied by a sealed note, containing the name of the writer and bearing upon its face a motto corresponding to the one prefixed to the Essay.

Unsuccessful Essays will be returned, should the writers so desire. No Essay will be received after the first of March 1855.

All communications forwarded by mail must be prepaid.

DAVID H. TUCKER,
Richmond.
JOHN STAIGE DAVIS,
University Va.
JOHN J. THWEATT,
Petersburg.

April 22d, 1854.

☞ In addition to the notes mentioned in the P. S. of the Treasury Circular on page 407, the treasurer will receive the notes of the *United States Bank*—(*Tinsley's.*)



Rob.t R. Hayne. Sen.r

Lith.o of Fischer & Bonnavant Richmond, Va

THE

STETHOSCOPE.

THE PROPERTY AND ORGAN OF THE

MEDICAL SOCIETY OF VIRGINIA.

Edited by a Committee of the Society.

VOL. IV. RICHMOND, VA., AUGUST 1854. NO. VIII.

Contributions to Practical Medicine.

BY J. P. METTAUER, M. D., L. L. D., OF VA.

Catarrhal Œdema of the Serous and Subserous Textures of the Stomach, Intestines, and some other of the Organs of the Abdomen.

This form of catarrh hitherto has, in a great degree, been overlooked by the profession, and, at different periods of my professional life, having met with it, I propose briefly, through this paper, to communicate the results of my individual experience, both as to its pathology and treatment. It is, as its name imports, a catarrhal affection, and in all the cases that have fallen under my observation, disturbance of the animal temperature has seemed to induce it.

The earliest symptoms of the disease are nausea, and a feeling of stiffness or rigidity of the abdominal wall, corresponding with the organ chiefly affected. There is generally, too, a dull, heavy, full sensation nearly throughout the whole abdomen, compared by patients to the feelings caused by distension of the stomach and intestines from flatulence, who generally insist that these sensations are caused by the presence of wind in those organs, and make frequent ineffectual efforts to discharge it by eructation. These sensations are

occasionally referred to one or two organs only, such as the stomach, or the small intestine. Now and then they are referred to the caput coli, or the sigmoid flexure. A difficulty in breathing is very constantly complained of, and, occasionally, some obscure, dull pain or soreness is experienced. From the commencement of the disease there is a marked depression of spirits, and sometimes it is almost overpowering. In a few cases this nervous state fluctuates to the other extreme, causing unusual hilarity, or a condition closely resembling a paroxysm of hysteria. There is an incorrigible disposition to sleep in every stage of the disease. If undisturbed, individuals would continue to sleep day and night without food or drink. Yet it is disturbed sleep, as it is very common for patients to talk and mutter, inducing friends and attendants to believe they are delirious. The temperature of the general surface is usually below par, or near the normal standard, and the skin is frequently pallid and œdematous, and occasionally bedewed with an adhesive perspiration. The feet and hands are invariably cool, and often covered with a cold, clammy sweat also. The tongue is moist, but invested with a whitish, adhesive incrustation, attended with a vitiated taste, and incessant disposition to spit. The pulse is preternaturally slow, and its beat feeble. In some cases it does not exceed thirty-five beats to the minute. The respiration is also slow and attended with sighing. The countenance expresses the deepest despondency. Constipation is a constant attendant of every stage, and is a most obstinate symptom. An occasional hacking cough is to be met with, especially when the stomach is involved, and causes suffering when there is soreness of the abdominal contents. A feeling of soreness generally attends the motions of the body, more particularly when the muscular walls of the abdomen are exerted. Deep pressure over the seats of the affected organs will also often elicit that feeling, especially if the disease has continued several days. Early after its commencement, there is usually a remarkable tumidness or fullness of the whole abdomen, imparting, when pressed with the fingers, a peculiar doughy or inelastic feel. It is now, sometimes sooner, that a peculiar sensation of sinking or giving way, or a knawing about the præcordia is complained of, attended with fits of most deadly sickness of the stomach, and often pain resembling slight gripings; and these sensations are generally succeeded in a few moments by the desire to eructate: they are paroxysmal, coming on once in two or three hours, or more frequently if the individual changes the position of the body in bed from side to side suddenly. It is

the deadly sickness of stomach that imparts to this disease its most interesting character.

Having, myself, experienced several attacks of the disease, I can speak positively as to the correctness of this remark. In bad cases there is no sick feeling that can compare with it. It is really a feeling of what is termed "deadly heart sickness;" and yet there is nothing grave or fatally menacing connected with it, as respects life, while it is difficult to convince patients that there is no immediate danger. The secretions are only slightly disturbed except the biliary, which is invariably defective in quantity. There is apparent increase of the buccal secretions; but the unusual spitting chiefly results from a vitiated taste and nausea, connected with a clammy state of the mouth, including the teeth, depending on a deteriorated condition of the saliva. Sometimes there is slight diminution of the quantity of urine that should be voided during the 24 hours; but this I have generally supposed resulted from patients sleeping so constantly: in one or two instances there was inconsiderable increase of this secretion. There is invariably an entire want of appetite. Indeed the anorexia amounts to disgust, as the mention of food seldom fails to increase the nausea, and now and then causes retchings to vomit. From the commencement of the disease, there is an indomitable inclination to remain in bed, and to lie on the side most affected. Indeed attempts to sit up generally cause sickness of stomach, and occasionally faintness, or actually swooning. The patient, also, is compelled to lie with the thighs flexed on the trunk, whether resting on the side or back. Extending the body in either of those postures, never fails to cause uneasiness of the abdominal organs or sick stomach. Changing the position of the body in bed suddenly will also generally produce the same effect as already intimated.

From the commencement of the attack there is entire absence of thirst. As the disease advances the abdominal fullness generally increases. There is also some slight augmentation of the soreness from motion of the body, or from pressure over the principal seats of the local affection. In some cases even the weight of bed clothes resting upon the abdomen will cause uneasiness. With the increase of these symptoms, patients experience, most commonly, some aggravation of the sick stomach; and frequently, too, they suffer from spasms of the stomach or bowels, or griping, as they term them, more frequently. At every stage of the disease, the introduction of any substance, whether solid or fluid, into the stomach, causes more or less uneasiness. The whole of the abdomen emits,

under percussion, a dull and flat sound; and the most careful examination detects few, if any, of the signs indicative of the vermicular movements of the bowels. If flatus exists in the gastro-enteritic cavities in any constant degree in this disease, it must be in very small quantity; or if the quantity is considerable it must be equally diffused throughout these cavities, as its presence does not give rise to the usual elastic feel, or tympanitic resonance from the presence of gas in those organs. I am induced to believe, however, that very little, if any, flatus is contained by the stomach and bowels, and that the tumidness or fullness of the abdomen is due to a very different cause, to wit, œdema of the serous and subserous textures of the implicated organs. When the stomach and left colon are chiefly affected, the position of the patient in bed is invariably on the left side. On the other hand, if the cœcum or corresponding right limb of the colon, or both are affected at the same time, the patient lies almost constantly on the right side; and when the transverse colon, the small intestine or bladder is chiefly implicated; or if all three are involved simultaneously, the position on the face, or nearly so, will be assumed. And any change from these postures will cause feelings of sickness of stomach or pain, especially if the changes are quickly and suddenly made.

The duration of this disease varies. In some cases it runs its course in two or three days; in others two weeks or more will be required for its completion; and one case, which terminated fatally, continued nearly three years. When subjected to prompt and judicious treatment, the average duration may be assumed at about six or seven days.

The nature of the disease, judging from the symptoms, treatment, and the anatomical characters displayed by a solitary fatal case, must be subacute or noninflammatory. A careful analysis of the attendant symptoms will at once disprove the belief of its inflammatory nature. There is no fever, no thirst, no restlessness, no acute pain, no delirium.

The treatment found most successful is not antiphlogistic in its therapeutic operation. And the anatomical characters exhibited on dissection, taken in connection with the symptoms during life, all tend to establish, as far as such evidence can do, its noninflammatory nature. The tumid and puffy state of the abdomen, in all probability, is due to œdema of the serous and subserous textures of the abdominal organs, as well as of the walls of that cavity, and perhaps in some degree also to vascular engorgements. That they are not caused by the presence of air or gas in the gastro-enteritic cavities, or peritoneal sac, is almost demonstrated by the facts

already stated, and by the additional circumstance, that very little, if any, flatus is ever expelled, either from the stomach or bowels during the existence of the disease. The coexistence of an œdematous condition of the subcutaneous cellular structure in the progress of the disease, in most cases, also indicates an œdamatous diathesis, and in some instances is to be met with in marked degrees. An œdematous aspect, too, generally obtains throughout the entire course of the disease, and continues for some time after convalescence has set in. In some instances the disease has commenced with laryngeal œdema, and often continuing for three or four days or longer, that affection has disappeared, giving place to the abdominal disease. A similar metastasis has occasionally followed rheumatic pleurisy, rheumatic affections of the joints, spine and scalp.

In the fatal case, already referred to, I found the subserous structures, generally, œdematous and somewhat engorged, throughout the whole of the abdominal organs, and strikingly pallid. The left limb of the colon, including the sigmoid flexure, however, was the only organ in which change of structure had taken place. Here the colon was both thickened and contracted in its calibre, while above the contracted portion it was somewhat dilated, by reason of the accumulation of the alimentary contents in that part during life. The contracted portion presented the appearance of infiltrated or œdmatous structures, being nearly diaphanous; and the contraction occupied the left limb of the colon, from the termination of the transverse portion, to the commencement of the rectum, nearly obliterating the cavity of the organ. Although thickened, the appearances did not indicate the existence of previous inflammation, nor were the symptoms during life, such as usually attend on that process. This interesting case commenced with mild catarrhal symptoms, connected with hoarseness, cough, and some difficulty of breathing, indicating what was regarded as an attack of laryngo-bronchitis, an affection to which the patient was very liable. The laryngeal symptoms, after four days, disappeared, and a new set of symptoms made their advent. The individual became exceedingly desponding, apprehensive and unhappy, but experienced no local pain or uneasiness in any part of the body. There was total absence of thirst and appetite. The pulse was enfeebled and reduced in frequency. The skin was cool and subject to occasional free perspirations, and generally pallid. There was apparent increase of the salival secretion, but the undue spitting, by which it was manifested, was due to the vitiated saliva, and a clammy state of the buccal

cavity, induced by that secretion. No perceptible change could be discovered in the urinary secretion, except that it was more turbid than normal urine. Notwithstanding no pain or definable uneasiness was yet complained of, the patient almost constantly rested on the left side in bed, with the thighs flexed on the trunk; and when interrogated as to the cause, uniformly replied, that he could not possibly rest in ease on the right, but why, he did not know. This case was variously treated as an obscure intermittent; dyspepsia; hypochondriasis; and nervous debility. Throughout its whole course, the most obstinate constipation existed. In the early stage, however, active cathartics induced comparatively free discharges, but only when they produced hydragogue effects, or procured liquid evacuations.

In the latter periods of the case, none other but liquid stools ever passed, and even these caused the most intense suffering, doubtless by reason of the contracted state of the colon; and now pain was first felt by this patient in the left side, after the more solid feculence ceased to be discharged from the bowels. Throughout the course of the disease, the peculiar "deadly heart sickness," which is in a great measure characteristic of it, was experienced. After some months' continuance, emaciation came on, and steadily advanced, till death closed the scene, nearly three years after the commencement of the disease; and it was extreme. I have never witnessed in my whole life, a human body that so nearly merited the denomination of "skin and bones."

This, undoubtedly, was a case of catarrhal œdema of the subserous as well as the serous textures of the left portion of the colon; and resulted from catarrhal irritation of the larynx and bronchi translated to the colon, which had been rendered morbidly impressible by the long confinement of the individual at his writing desk, in the sitting posture usually assumed by writers, and in a damp, close room of the basement story of a brick house, which was continued for a series of years.

The nature and seat of the disease in this interesting case, were only learned after my post mortem examination of the body. I enjoyed no opportunity of examining and studying it during life, and I am indebted to nonprofessional individuals for the facts I have briefly stated already, in relation to the symptoms of the case. Had I seen the case early after it commenced, before its characteristic symptoms were modified, it is probable I should have experienced little difficulty in its identification as catarrhal œdema of the colon.

The altered condition of the thickened and contracted colon in this case, was certainly due to irritation; but there

is no evidence furnished by the symptoms during life, that it was inflammatory irritation. On the contrary, the reverse is rendered strongly presumable by those symptoms, as well as by the post mortem appearances; and I have little doubt but the œdema, after once forming, was the chief perpetuating cause of the irritation. Other causes doubtless co-operated with it, especially those connected with variable temperature and indiscretions in diet, to both of which the unfortunate individual was repeatedly exposed after the first attack, as I was credibly informed by eye-witnesses. In all cases of the disease similar mutations of structure doubtless would occur, if efficient treatment were not adopted, especially if the intestines should be the organs implicated.

The Causes.—In all of the cases that have come under my treatment, (twenty-three in number) exposure to vicissitudes of temperature caused the disease. Improper changes of the body clothing, exposing the body uncovered, or partially so, when perspiring, have, each in turn, produced an attack of it. In several instances I have known an attack caused by suffering the coat to remain unbuttoned and open in front of the abdomen while riding or walking against a current of wind. Putting on wet or damp clothes, or permitting them, after accidentally becoming wet, to dry on the body, I have also known to induce the disease. Exposure to the dew of an evening has also been known to cause an attack; and when induced from this cause, the case is liable to partake of the character of intermittents or remittents. Ordinary catarrh, in some instances, has been known to be succeeded by this disease, especially light and transitory attacks of cold confined primarily to the larynx or bronchial tubes. A very severe attack followed—rheumatism of the neck and region of the trapezius muscle, usually termed "crick of the neck." In this case there was evidently translation of the rheumatic irritation to the intestines; for as the rheumatic attack suddenly terminated, the enteritic disease immediately succeeded. It succeeded intermitting fever in a solitary instance, and the intermittent attack was induced by catarrh, and was distinguished by many rheumatic or rheumato-neuropathic phenomena. I have only seen one case following remitting fever.

A predisposition to the disease is caused by sedentary habits, especially by long sitting at the writing-desk; by constipation; by keeping the surface of the body too warm, especially the anterior portion of the abdomen; by dejection of spirits; anxiety of mind; disappointment; and long fasting. And after being once produced, especially with indi-

viduals over thirty-five years of age, it is not easily corrected without an attack of the disease following. Individuals over thirty years of age are most liable to the disease. I do not remember the ages of all of the patients I have treated affected with it, but incline to believe they were all over thirty-five years old, and several fifty and upwards. Nevertheless, any age may be rendered obnoxious to it, by being exposed to the predisposing and exciting causes.

Treatment.—In the early stage of this disease, I have chiefly relied on nursing remedies, such as confining the patient to his bed, to equalize the animal temperature and restore, as speedily as possible, the functional operations of the skin. During this treatment, it is important not to urge the use of food contrary to the desires of the patient, nor to attempt to jeer him on account of his inanimate and desponding state of mind, as all such attempts prove hurtful, by increasing the distress from the gastric symptoms. If disposed to sleep, and the state of the pulse and temperature of the general surface are favorable, patients need not be disturbed by offering them food, even if they sleep an entire day. In some cases of mild character, 24 hours' sound sleep, with the surface carefully protected against fluctuations of temperature, will remove the disease so nearly, that a mild cathartic, after the "nap is out," will perfect the cure. If, however, this mild course prove unavailing, or should the case be one of violence, it will be proper to have immediate recourse to more active treatment.

Rubefacients.—If early employed, the remedies of this class afford prompt relief; and a large sinapism to embrace the region of the affected organ, is the remedy I usually employ. The rubefaction must be decided, or little benefit will follow. Care, however, will be required, that the artificial irritation shall not involve the structures of the soft wall of the abdomen too profoundly. The skin must be decidedly impressed, but the sinapism should never be kept on until thickening, or swelling of the irritated region is induced. I have known two fatal instances of peritonitis caused by continuing sinapisms on too long. If a first application of the remedy does not remove the symptoms of the disease, the rubefacient, after a few hours, may be repeated; and the repetitions can be again and again resorted to until relief is obtained. They may be used over the spine also; or this region can be dry cupped over its dorsal and lumbar portions. In some cases dry cupping the abdomen extensively, but particularly the regions of the affected organs, will be productive of the best effects. Now and then I have employed Granville's lotion as a rube-

facient with benefit in this disease. Whatever mode of counterirritation is adopted, care must be had that the effects produced shall be decided and abiding. Vesication, however, is not necessary in treating these affections, especially in the early stage; and as sinapisms and Granville's lotion do sometimes blister, it will be important to use them circumspectly.

In some two or three cases I have employed sinapisms to the lower and upper extremities, as well as to the trunk generally, in succession, with the happiest effects; and if one or two decided applications to the abdomen fail to procure relief, they should be used after that method. The impressive employment of the flesh brush, too, will now and then prove highly beneficial, used over the whole abdomen for ten or fifteen minutes at a time. This counterirritant is very grateful to the patient's feelings; and, while it composes the stomach and nervous system, it is very apt also to excite the peristaltic movements of the bowels. Friction, with the hand well warmed, will answer in some instances better than the brush, taking care not to press firmly enough upon the tender organs to cause pain when used. Warm fomentations may also be employed to the abdomen, especially to succeed the sinapisms some hours, as the mustard irritation begins to subside. In using fomentations, care should always be had not to wet the patient's body or bed clothes, and this generally can be done by carefully pressing out the superfluous moisture before the fomenting cloths are applied, and by covering them with dry towels after they are put on. Small bags of warm wheat bran may be used for the same purpose, especially in cold weather, when it would be improper to use fomentations to the abdomen, unless under the immediate eye of a careful physician.

Cathartics.—In most of the cases that I have treated, when purging was determined on, the first effort was made with enemata; and after many trials, I decidedly prefer pretty strong warm salt water as a purgative injection. This valuable remedy should be repeated two or three times after intervals of half an hour, until the bowels are evacuated; and the patient must invariably be placed on the left side to receive it, so as to afford the injected fluid a more ready passage into the sigmoid flexure of the colon. Should the enema fail to purge sufficiently, a resort must be had to internal cathartics; and, in a majority of cases, a combination of blue mass, aloes and colocynth powder will answer best, according to the following formula: ℞ Blue mass, grs. xiv; aloes, grs. vii; colocynth powder, grs. ii; water q. s. to form mass for pills. This compound should be taken at ordinary bed time,

with directions to the patient, after an hour, to lie exclusively on the right side until the medicine passes from the stomach into the duodenum. The morning after, allowing some time for the pills to act of themselves, a purgative injection must be used, in the event that no action has taken place, and repeated after intervals of half an hour, until effective purging is induced.

In no case have I found it necessary to administer a brisk cathartic after the mercurial at night, the injections the succeeding morning invariably having acted sufficiently when the mercurial failed to do so of itself. If, however, these measures fail to purge, a brisk cathartic should be resorted to, as efficient purging is absolutely necessary to the successful treatment of the disease; and oil, or the infusion of senna may be indiscriminately employed for the purpose. If the symptoms do not greatly ameliorate, the mercurial should be repeated the second night, and on each succeeding alternate night until decided amendment follows, but in reduced doses. Occasionally internal cathartics are so offensive to the stomach, as well as all other remedies, as to forbid their use. In such cases the epidermic use of the nitro-muriatic acid mixture may be employed and with great benefit. This agent should be applied to the regions of the liver; to the insides of the thighs and arms, twice daily, by sponging, until the bowels respond to its action decidedly. Thirty or forty drops of the mixture, diluted with two or three times that quantity of water, will be fully sufficient for one application of the remedy. If it irritates, the mixture must be still farther diluted, or other regions selected for its application. When this measure is suited to the treatment, and seems to be meeting the indications fully, it should be continued. In some cases I have kept it up until convalescence had greatly advanced—not using the remedy, however, all the time epidermically, nor in such quantities as it was commenced with. Occasionally I have employed the mixture internally, in doses from vii to xv drops, properly diluted, taken three times daily, half an hour before meals, and with the most gratifying results. This remedy is particularly disposed to restore and ameliorate the biliary secretion as well as secretion generally, and operates in a very decided manner on the serous or fibrous systems.

Diaphoretics of a particular description may be employed, but generally this class of remedies is objectionable or needless. When the surface is unduly cool and dry, heat may be applied to it artificially, either in the form of vapor, or in the dry state, and the application continued until the capillaries

of the skin regain their plenitude, and the temperature is equable. Heat and moisture, however, are objectionable, especially in cool weather; and if anything is to be used with sudorific designs by the application of artificial heat, the agent should be employed in the dry state. I have in two of my cases, employed dry heat, using for its application Dr. Samuel K. Jennings' valuable stove contrivance, and with benefit. These were examples of the disease in which the skin was constantly cold and dry. The heat was applied several times during the day and night, until abiding warmth was restored, at which time a general warm perspiration made its appearance, and the patient then began to convalesce and speedily recovered. Here heat acted both as rubefacient and diaphoretic.

Narcotics will not often be necessary, and should not be employed, unless there is great restlessness at night, and disinclination for sleep; and even then they should not be used until the bowels have been effectually evacuated. As narcotics, I decidedly prefer Dover's powder, or strong hop tea, administered at bed time. Blue mass should invariably be united with the Dover's powder, when that article is to be used as the narcotic, and it must be given also as the accompaniment of hop tea, if that should be selected as the soporific. It is the abiding torpor of the bowels, that renders the employment of narcotics unsafe in this disease. Occasionally, a combination of blue mass, quinine and Dover's powder will be valuable in the disease, if the symptoms experience periodic exacerbations at night, as will be the case now and then.

Tonics will only be required in prostrated cases, when the patient becomes debilitated, and the cold infusions of wild cherry bark, or of chamomile flowers, I have preferred. These infusions should be taken before meals, some half an hour, always commencing with them of moderate strength, to be increased, if found to agree with the patient. A heaping tablespoonful of the cherry bark, coarsely powdered, to three gills of cold water, will be strong enough to commence with. Of this, one gill may be taken at a dose. The same proportions, both as to quantities and doses, may be adopted, when the chamomile is to be used. It will now and then be necessary to employ quinine, to rouse the nervous system of the stomach from its torpid condition, and thus to spur the appetite for food. In several instances, the quinine has acted most beneficially as a tonic, promptly re-exciting a desire for food, even when administered in doses of one or two grains twice or three times during the day. For the same purpose,

porter will sometimes be found valuable, taken in moderate quantities, before meals. It is, however, a hazardous remedy, especially if the stomach is the organ chiefly affected; and more particularly if there is tenderness of the epigastrium under pressure, by reason of the sudden distention of the walls of the stomach it is liable to induce, if brisk and good. As a general rule, it ought not to be used until the tenderness of the region of the stomach has nearly or entirely subsided. For the same reason, aerated drinks, especially soda water, or effervescing mixtures, so common and grateful in most diseases, attended with nausea or vomiting, are hazardous in this disease. Should the tender walls be suddenly and unduly distended with fixed air, liberated from either of the substances already named, or from any other cause, intense gastric pain would be produced; nay, there would be danger of its causing death.

I once witnessed the most agonizing pain in a case of the disease, from allowing the patient to drink a glass of soda water after, as I had supposed, all gastric tenderness had nearly or quite subsided. If the pain had continued ten minutes, I believe it would certainly have proved fatal. Fortunately, the carbonic acid gas was expelled by belching in about one minute after the water entered the stomach. In this case the pain commenced with the entrance of the fluid drank into the gastric cavity, and caused the patient to bend himself nearly double, and nearly suspended respiration. The eructation was caused by the patient forcing the index finger low down into the pharynx. When the disease is protracted, change of structure is liable to occur in the organs chiefly affected, as exemplified in the case already adverted to; and it is from such change that fatal results follow when catarrhal œdema of the stomach, intestines, or the other organs of the abdomen terminates fatally. To prevent structural change, then, is confessedly the chief indication to be met, not, however, as an inflammatory, but an irritative result. After the disease continues more than two weeks, and without decided amelioration of its symptoms, there would be just grounds for apprehending a tendency to structural or organic change; and a treatment will be demanded essentially different from that pursued in the early stages for its prevention or correction, if slight, distributed as follows:

Sialogogues.—Nothing will more effectually counteract the tendency to change of structure in this disease, than a mercurial salivation; and mercury should be commenced with at once. Blue pills in combination with Dover's powder must be administered nightly, at ordinary bed time, in the

proportion of ten grains of the former and eight of the latter, made into three or four pills. If the bowels are too freely acted on by this dose of blue pill, the quantity must be reduced, or the Dover's powder increased to ten grains. Should the bowels prove obstinate, the doses of blue pill may be increased to fifteen or twenty grains. In this manner the mercurial treatment must be continued until salivation is induced.

If the blue pill fails to induce salivation after using it five or six days, it will be advisable to unite three or four grains of calomel with it, or to substitute that agent for the blue pill; and if the bowels are disposed to constipation after the pretty free employment of the blue pill, calomel should be preferred. In urgent cases, or those of long standing, it would be safest to employ inunction, with the internal use of mercury; or to have the blisters dressed with mercurial ointment two or three times a day, until salivation is induced. Sometimes uniting a grain of ipecacuanha with each dose of the mercurial, or a grain of quinine, will quicken the constitutional action of the mercury. In cases less urgent, or when a decided strumous habit exists, the nitro-muriatic acid mixture may be employed as a salivant and sorbefacient; and if used energetically, it will meet the indications fully. This useful substitute for mercury should be employed in these cases, mixed, as already suggested, chiefly epidermically: it can also be employed internally.

Vesicants will be demanded while the mercurial is being used, and they should be employed over the seat of the affected organ, as well as to the inferior extremities. It will be highly necessary, after blistering is commenced, to continue it unabatedly, until the disease yields. By no means will it be safe to permit the blisters to dry up after once forming them; and to prevent it, they should be dressed with basilicon plasters from time to time, or any other moderately irritating dressing, that tends to promote suppuration.

Diaphoretics will be demanded in this stage, if the skin is dry and nonsecreting; and for the purpose, Dover's powder may be used at night, and the grain ipecacuanha pill during the day, once in three or four hours.

Diuretics will be found useful, as the urinary secretion is now somewhat diminished in quantity as well as deteriorated in its qualities. As diuretics, the pine tops tea, dulcified spirit of nitre, or a tea of horse radish, will be found most useful. Sometimes the iodide of potash, in doses from three to six grains, in watery solution, administered three times daily, will be found a most valuable diuretic, as well as sor-

befacient in the treatment of this stage; and it may be administered in the tea of pine tops, or a weak infusion of hops. This agent will be very well adapted to the treatment, if the constitution of the patient is strumous, or should there be grounds for believing that structural change of the organs, chiefly implicated, was commencing. If it does not offend the stomach, the iodide should be continued until the constitution is brought fully under its influence, and then it must not be laid aside hastily. The disappearance of the local symptoms will furnish presumptive evidence of the subsidence of the disease; and, when the region of the diseased organs can be pressed on without pain, and all undue fullness and puffiness of the parts are gone, and the bowels regular, with a return of appetite and wonted cheerfulness, it would be fair to conclude that convalescence was established; and that the iodide, as well as other therapeutical agents, might with safety be discontinued.

Diet and Drinks.—Chicken water, or soup, I have invariably preferred as nourishment. They are more grateful to the stomach than any other articles that I have employed, and, besides, seldom ferment in the gastro-enteritic cavities, which is apt to be the case with farinaceous substances. Little food, however, is required; and, as already stated, patients should not be teased by repeated offers of it if disagreeable to them. The essence of beef will in some cases prove grateful to patients and may be allowed. As soon, however, as the appetite returns, and the bowels are regular, almost any kind of food desired may be allowed in moderate quantities.

As drinks, simple cold water, or toasted bread water may be allowed. I think, generally, the toasted bread water used cold is most grateful. In my own attacks, it certainly was so; and it constituted both my food and drink for an entire week.

During convalescence it will be important to caution patients against exposure to vicissitudes of temperature, especially those transitions most likely to induce catarrh. The body should be well protected with suitable clothing. By no means ought the body clothing to be changed so as to diminish, or in any way materially disturb the animal temperature. Patients in a perspiring state should not go into the open air, particularly if it is windy or very cold. The bowels must be carefully kept soluble. No very particular restrictions on diet will be necessary, except to caution against overeating. Exercise should be cautiously indulged in; and, for a considerable time, it will be dangerous to induce sweating by muscular exertion, or in any other way out of doors, or where the necessary precautions cannot be taken to guard against the danger of cooling too suddenly.

I have treated twenty-three cases of the form of catarrh described in this paper, and I do not think that I have met with a more afflictive disease. It is highly probable that it is of frequent occurrence; but being regarded as some other affection, has not been identified as a disease of the abdominal contents, or of an œdematous character. Individuals are so insiduously attacked by the disease, in most instances, as not to be able to refer it to a known cause. They go to bed well, and in the morning find themselves unable to leave it, by reason of sick stomach, or that feeling in connection with rigidity of the abdominal wall. And this is the most common mode of attack; but patients more frequently are disposed to ascribe their symptoms to something they had eaten the day before than to catarrhal exposure. It has been mistaken for constipation, dyspepsia, conception, hysteria, hypochondriasis, tinea, and several other diseases.

I have not mentioned the symptoms in detail, characteristic of the disease in its more advanced stages, because I have not treated cases at those periods. The most protracted example I have ever witnessed only continued 27 days. I think it very likely, however, that after decided structural change takes place the symptoms must become more acute, and that a febrile state, in all probability, too, would be superinduced to some extent. The unfortunate case which has been referred to, doubtless was attended with fever, or a feverish state, although it is denied by all who witnessed that interesting example of the disease, both medical attendant and nurses.

Prince Edward C. H., Va.
July 18th, 1854.

Bellevue Hospital Reports.

BY JAMES BOLTON, M. D.

Cataract; Posterior Operation by Solution; Anterior Operation by Solution; Extraction of Nucleus; Recovery; Remarks.

Sept. 5th, 1853—Isaac, negro, æt. 59, in good health. Has cataract of both eyes. That of the left eye has existed about twenty years, and that of the right about three years. Pupils of both eyes sensitive to light. The older cataract has an amber tint, and the more recent one is white. Patient kept three days on light nutritious diet. Next morning pupil of

left eye dilated by dissolving two or three grains ext. of belladonna in sufficient water to make a fluid solution. A few drops of this put in the eye two or three times between 7 and 10 o'clock, A. M.

At 11 A. M.—Pupil well dilated—proceeded to depress the lens by passing a couching needle through the sclerotic coat. To my surprise, I found the lens quite soft, and consequently changed my procedure to that of cutting up the lens extensively, in order to remove it by solution and absorption.

The next morning severe pain set in, affecting the eye-ball and extending throughout the head.

Treatment.—Cupping both temples; purgation, followed by calomel, opium and antimony; blisters; low diet.

The attack continued three or four days, with good deal of severity, and then slowly yielded to the above treatment.

In three weeks after the first operation, the patient had sufficiently recovered from the severe consequences of the operation on the left eye to warrant an attempt upon the right. Being warned by these consequences, and hoping to find the other cataract fluid also, I determined to perform the operation for solution, by perforating the cornea and passing the needle through the pupil, by traversing the anterior chamber.

Having prepared several needles, I dilated the right pupil by belladonna as before. I then penetrated the cornea near its outer margin, and pushing the needle inwards and backwards, carried its point into the lens, and made a slight rotary movement. After making two or three such perforations of the capsule, I withdrew the needle and left the aqueous humor to pass through the apertures of the capsule, and exercise its solvent influence. An opaque fluid immediately flowed out of the apertures in the capsule, rendering the fluid of the anterior chamber turbid, and concealing the iris.

This operation was succeeded by very slight pain or inflammation, requiring no further treatment than cold water dressings.

In ten days longer, absorption had taken place in the eye first operated on, to such an extent that the greater part of the pupil was clear and the patient could discern small objects—as a ring upon one of his fingers.

The eye last operated on had cleared up sufficiently to reveal the nucleus of the lens lying in the bottom of the anterior chamber, between the iris and cornea. The inflammation of both eyes had nearly subsided, and the patient was discharged at his master's request.

Between this time and the month of June, a period of eight months, this patient was seen several times. Absorp-

tion continued to proceed in a very satisfactory manner in the left eye. In the right eye the absorption of the lens progressed up to a certain point, and then remained stationary about three months. During this period the patient had several attacks of inflammation, with pain in the right eye, which I attributed to the presence of the nucleus of the lens lying in contact with the iris and cornea, and acting as a foreign irritant upon them. I determined, therefore, to extract it.

June 7, 1854—Present condition: Left eye perfectly clear and free from inflammation; right eye clear, but vision obscured by the presence of nucleus, which covers the lower part of the pupil; conjunctiva and sclerotica near the nucleus in a state of chronic inflammation.

Made a small incision through the cornea at its lower margin, expecting the nucleus to be forced through by the gush of aqueous humor. Unfortunately, however, the nucleus was pushed aside by the point of the knife and the aqueous humor escaped, leaving the offending body caught by the collapse of the iris against the cornea. I made an unsuccessful effort to dislodge it by means of Daviell's scoop. I then changed this instrument for the needle used in the last operation, and succeeded in drawing down the nucleus to the incision, when unfortunately another embarrassing accident occurred. The lens broke into two pieces, one of which was readily extracted, but the other with much more difficulty.

The patient entirely recovered from the last operation, and in about ten days was working in the harvest field.

Remarks.—The posterior operation for cataract or the operation by puncturing the sclerotic coat, and passing the needle through the posterior chamber, is one of extreme delicacy and is every now and then most unexpectedly followed by serious consequences.

The case may have been to all appearance highly favorable to the success of an operation, and the surgeon may have been seduced into the promise of a successful issue. In a few hours afterwards, the patient is seized with severe pain in the eye and head, accompanied with vomiting, and the eye is lost, or slowly recovers, after several days' suffering; or every thing may go on well for several days, and then severe pain and inflammation may suddenly attack the organ, resisting all treatment, and terminating in the total loss of vision; or neuralgic pains, with slow disorganization of the internal tissues of the eye-ball, may last for months, and even years.

These mortifying and distressing consequences, frequently occurring when totally unlooked for, have led to very im-

portant improvements of the operation, by which they are in a great measure obviated.

First—The use of finer instruments. Formerly, a rather stout needle was used, having its stem of such a size as accurately to fill the aperture made by the point, in order to prevent the escape of the aqueous humor. The instrument inflicted an unnecessary amount of injury upon the sclerotic, both in penetrating that tissue and in rotating the needle during the operation. We owe to Dr. Jacobs of Dublin the use of much more delicate instruments. The point is more flattened, with sharpened edges. As it penetrates the cornea, it makes a clear incision, and the needle is rotated with less resistance on the part of the sclerotic, and of course with less violence to that tissue. But this operation through the sclerotic remained still liable to serious objections. The sclerotic coat belonging to the white fibrous tissues, is liable to inflammation of a rheumatic character or of a tedious chronic form. On account of low vitality, the process of repair takes place slowly, and its exposed situation precludes all opportunity for the subcutaneous operations from which the tendons so readily recover. The important internal tissues are all liable to more or less violence. The iris, ciliary processes, choroid coat and retina may be injured. The vitrous body must of necessity be injured. These difficulties led to

Second—The anterior operation, or keratonyxis. It has often been remarked how tolerant the cornea is of injury. Stone cutters and workers in iron frequently get rough fragments of iron and stone embedded in the cornea, which are removed by their fellow-workmen by means of a pocket knife. The patient bathes his eye in cold water, resumes his work, and after a few days not the slightest scar can be perceived. Sometimes these fragments are so firmly embedded, that the rude skill and instrument of the mechanic are not sufficient to remove it. Sometimes the physician himself is foiled in his efforts to remove the fragment, or thinks he has removed it when he has not, and then the foreign body may remain in the cornea several weeks, and even months, and it is really wonderful how little inflammation they occasion. In one instance I remember extracting a large piece of steel, which had passed through the cornea nearly at right angles to it. After numerous unsuccessful efforts to remove it, it had been suffered to remain in that position about seven months. There was much congestion immediately surrounding the foreign body, but not extending to the other part of the ball. There was occasional discomfort complained of, and dimness of vision. On extracting it, I found its point distinctly

entangled in the iris. This patient entirely recovered, with very little opacity, and loss of perfect vision.

The operation through the cornea seems to have been suggested by the fact, observed every now and then, that when the capsule of the lens has been lacerated by injury, it has been followed by rapid absorption of the lens and capsule in situ, without inflammation of the eye, and with scarcely any disturbance of the organ.

It was a favorite operation with Saunders, but has been improved and more extensively employed by Dr. Jacob. He uses a sewing needle of the size marked 7, bends it at right angles, and sharpens the point in the form of a wedge. Equally good and better instruments are now made for the purpose by the manufacturers. Having the pupil dilated by belladonna, stramonium or atropia, he watches an opportunity; strikes the needle against the cornea near its margin; presses it through the tissue; then tilts up the handle, in order to pass the curve of the needle through; carries it on to the lens; perforates the capsule carefully in one or two places, and gives the instrument a slight drilling motion. The aqueous humour flows through the aperture upon the lens, and its solution and absorption proceed in situ.

The vital connection of the lens being undisturbed, it causes no irritation as a foreign body, and it is more exposed to the process of absorption.

The case related at the commencement of this article, illustrates well the advantage of the posterior operation, the patient being almost free from pain and inflammation, after having suffered severely from the first operation, barely escaping the loss of the eye. No doubt the absorption of the capsule taking place more rapidly than the lens, allowed the latter to escape. Had not the nucleus been so hard, or had this operation been performed upon the first eye, the accident would not have occurred.

It is quite remarkable how completely we were deceived by the usual rules of diagnosis. The old cataract with an amber tinge, proved to be soft, while the more recent white cataract proved to be hard.

American Medical Association.

Our July number contained the proceedings of the American Medical Association, recently convened in the city of St. Louis.

A brief history of this body—of the designs of its organization, and of its achievements, thus far—may not be inappropriate to the occasion, or unproductive of good.

About seven years ago, the American Medical Association was organized, by a convention of medical men, numbering but little less than two hundred and fifty delegates, from medical bodies having their existence in twenty-three states of the Union. It is only necessary to read the published proceedings of the conventions which planned the formation of the association, and to revert to the history of the times and sentiments of its founders, as they are unfolded in published addresses, to perceive that the chief aim and object of the movement were, in the language of these proceedings, "to raise the standard of education and attainment in the medical profession in this country. It was, indeed, the desire to promote this object, awakened in many different minds in our profession, that gave birth to the association, and has imparted to it its chief interest."

The same documents will discover a general conviction, that "lamentable deficiencies" existed in our American system of medical education, and that these deficiencies were growing evils, producing a general decadence in professional attainments and character.

This movement was not set on foot by, nor were these the sentiments of, restless and obscure spirits, seeking an "imaginary perfectibility," but the records show, that men occupying the front ranks, and those that had most adorned the annals of the profession, entertained these convictions, and "in soberness of thought, sought a reform in medicine, enacted by a proper regard to its future glory and usefulness."

Accordingly, we find that the first committees appointed by the association were on the subject of medical education.

The condition of our medical schools attracted immediate attention—because in this country, there being no legal provision for admission into the profession, the schools are the doors of admission, and *ought to be* the depositories of medical learning—keeping pace with the progress of science, and infusing its spirit into the minds of the large number of pupils annually recruiting the ranks of the profession.

These reports are elaborate, and probably more able than any others ever published by the association. They develop the following facts: That there are about forty medical schools in the United States; that the number of separate branches taught is limited to seven; that no preliminary education is required for admission to medical lectures—the most ignorant and untutored pupil being placed upon the same platform of study and standing with the best trained minds; that the terms of lectures are limited to about four months—a greater number falling under that restricted period, than going beyond it; and that candidates for graduation are subjected to but one examination as a test of qualification, and this at the close of a second term of four months—which *is not* an *extension, but a mere repetition* of the studies of the first term.

These reports farther declare, "that in consequence of the great multiplication of medical schools in the United States, there exists such a competition for students—such a desire to have a long catalogue of names and a goodly list of graduates, that almost every person who has gone through the prescribed course is allowed to pass; and that thus the people are imposed upon, and the character of the profession degraded. * * * * The great complaint *is, that* SOME COLLEGES *do not enforce rigidly* and honestly the existing legal requirements. * * If the prevailing desire of all parties engaged in medical teaching was to elevate the standard of medical education; if rivalry between colleges consisted in efforts to extend and amplify their courses of instruction, and to establish a high reputation for scientific acquirement for their respective institutions, regardless of the popular demands for short sessions and superficial courses, then indeed

would competition become the very life of progress and reform. But it is too often the case that men engaged in the same pursuit, where the spirit of rivalry is active and constantly stimulated, in their zeal for the interest of a favorite institution, will overlook considerations of public utility."

But these quotations are sufficient to show that the founders of the association distinctly appreciated the fact, that our system of medical education is inadequate to the present demands of medical science, and prolific of vices, tending inevitably to deterioration and degradation. Competition in teaching—competition excited and controlled by the "almighty dollar"—lowers the standard to catch the popular current. Persons having no natural or acquired fitness, are thus induced to enter the profession by the low attainments necessary, and the facility with which the diploma is obtained.

Under such a system, that the profession should cease to be of necessity a learned class, that it should loose its hold upon public confidence, that its honor should be sullied by the admixture of unworthy material, are as obvious and natural as any other causes and effects. But the labors of the association's committees did not cease with a lucid and forcible exhibition of these facts.

Their investigations extended to the consideration of medical education in Great Britain and on the continent of Europe. They show that in all these countries, thorough scientific preliminary education is indispensable to admission to medical studies; that in Great Britain, thirteen separate branches are taught by thirteen professors; in France, eighteen branches, by twenty-six professors; in Germany and Russia, twenty-eight branches, by twenty-eight professors. In these schools, four years of study are required of the pupils nine and ten months of each year, *in actual attendance* upon terms of lectures, which are divided into eight courses.

In Great Britain, two examinations, as tests of qualification, are required of candidates prior to granting a degree. In France and Italy, five examinations are undergone. In Germany, Switzerland and Russia, three.

These, with many other important details, are brought forward in these reports. By contrast, they exhibit, in bold relief, the defects of our American system.

Under the light of these facts, after the fullest investigation and discussion, the association adopted certain recommendations to our American schools of medicine. No violent revolutions are contemplated, but a work of progressive salutary reform. It was felt that so great a work could only be accomplished by successive steps. The recommendations to the schools were in conformity to these views; and they will be found to be very moderate in their requirements, as an initiatory step, and a first installment. They recommend that the period employed in lecturing, should be extended from four to six months; that the number of professorships should be increased to seven, and that the schools should require of all candidates for graduation, personal attention to dissections and to clinical observations. But it is perfectly well known that these recommendations, moderate as they are, have been disregarded by the schools.

The prolongation of the terms of lectures lies at the foundation of all useful reform. Within seventy-five years, an amount of new matter has been infused into medical studies, equal to the entire stock before that period. New branches have been developed—additional professorships created—but all these are squeezed into the old fashioned short terms of about four months. The student is crammed to hopeless indigestion; the teacher cramped and compelled to concentrate to incomprehensibility; five or six lectures per day; besides dissecting room and clinical duties! What a farce!

But few of our readers can refer to the days of their pupilage under this system, with other feelings than those of disgust. We would suppose that the teachers of medicine were themselves dissatisfied with the mutilations of science they are compelled to practice. Prof. Jackson of the University of Pennsylvania, in his very able argument in favor of lengthening the terms of lectures, published in the Transactions of the association, declares that the schools "cannot

perform their duties to the science, to the public, the profession, the students, or do justice to themselves, while four months' courses are persisted in."

He says farther—"It is absurd to suppose that any effectual improvement can be made in the education of our schools, bringing their instruction up to the present elevation of medical science, while the four months' courses are retained."

Why then have the recommendations of the association been disregarded in this respect? We do not believe that anything, which can be dignified with the name of argument, can be advanced in favor of short sessions; neither do we believe that there is an honest teacher of medicine in the land, who does not know and will not admit that the lecture terms ought to be prolonged.

Why then are the oft repeated recommendations of the association disregarded to the present moment?

The answer to this question exposes the gangrene spot, which is preying upon the vitals of the profession in this country.

Some six years ago, shortly after the adoption of the recommendations to the schools by the American Medical Association, the two oldest schools in the United States, the University of Pennsylvania and the College of Physicians and Surgeons of New York, promptly acquiesced in these recommendations, and advertised a prolongation of their term to six months.

These institutions expected, and the profession hoped, that other schools in the same cities would have followed the honorable example thus set them, and thus effected a reform which could only be achieved by union and co-operation.

But these expectations were disappointed. Other medical schools in their immediate vicinity CALCULATED that a majority of students, desiring diplomas, in the shortest time and with the least trouble possible, would go where they would most readily realize the objects of their ambition. The occasion was seized with avidity, and thus was that union and harmony and co-operation broken up, upon which the success of the association's whole movements depended.

Who doubts, had the Jefferson Medical College of Philadelphia and the University of New York seconded the noble movement of the University of Pennsyvania and the College of Physicians and Surgeons, that now we should have had six months' terms of lectures in all the respectable medical colleges of the country. Why then did they not do it? It is obvious to the most superficial examination into facts, that the schools of medicine, stimulated by a spirit of rivalry amongst themselves; aiming at a popular, in contradistinction to a scientific reputation—each one seeking an advantage over the other in such particulars as are popular with students—we say it is perfectly obvious that the schools themselves have defeated the very objects for which the association was organized.

We observe that the whole subject was shirked at the recent meeting in St. Louis. Worse than this; for it seems that a communication on the subject, from the American Medical Society in Paris, was denied a reference to the appropriate committee. This society is composed of young Americans, who have resorted thither for the purpose of prosecuting their medical studies.

Speaking on the subject of medical education, they say in their rejected memorial, "By our sojourn abroad, from our intercourse with those educated here, we have become more painfully conscious of our infirmities and deficiencies at home, and for this reason beg leave once more to urge upon the association the necessity of a change."

They, in the most respectful language, simply recommend that the medical society of each state should appoint a board of medical examiners, without in any way "interfering with the established schools."

This respectful memorial and proposition were rejected by the spirits that ruled the association, because they "implied the inefficiency of American professors of medicine to give students a complete and thorough scientific education, and cast unjust and shameful reflections upon the capacity of medical men in this country !!!"

Now, if the whole published proceedings of the two national medical conventions, which resulted in the formation of the association, and the reports and proceedings of the association itself, for the first four years of its existence, do not deceive us, it was the very "inefficiency of American professors" and inadequacy of our American system of medical education, which occasioned the formation of the association. This very "inefficiency" was the fons et origo mali, which necessitated the formation of a great national body. The evil was felt to be too great, too widely ramified, too strongly rooted, to be successfully combatted by any local effort or attempt at remedy.

But this same American Medical Association, thus originated and founded, rejects from consideration a respectful memorial, because, forsooth, it implies inefficiency and inadequacy in our system of instruction!!!

But we need not trace the history of this body further, to arrive at the point to which we are aiming. Facts already adduced abundantly prove that the association has passed out of the hands which originated it. Its purposes have been changed; it has become a convention of schoolmasters; its sessions the fair-ground for the display of pinch-back wares.

Where are the spirits which founded this national organization? Have they all BEEN BOUGHT UP, and relapsed into egotistic apathy, or have they in disgust withdrawn from the contest, being overreached by the worshippers of gold?

We confess we have but little hope from this body, under its present organization and constitution. It has failed, because it never has been what it purports to be, viz: a representative body from the medical profession of the United States.

It represents the colleges and their hospitals and a small number of medical societies. The great body of the profession are not organized, and consequently have no delegates. After a seven years' war, we believe the schools will never *voluntarily* institute the needed reforms. The terms of instruction must be fixed by the laws of the land, or else the

schools must be placed under the control of medical men who have no interest in the business of teaching. As long as they are governed by lawyers and farmers and politicians, they will but reflect the will and wishes of the teachers. The profession at large ought to be regarded, in some sense, as the constituent body.

The report on medical education, in the fourth volume of the Transactions, uses the following language: "The schools should be under the watch and care of the profession. THEY *should be its property.* They should be among its appliances for securing to the community a body of well educated physicians; and should therefore be, to some extent at least, under its control. The teachers in these schools should be placed there by the profession and not by corporations, that are incapable of judging of their qualifications. Such places of honor and of trust should be in the gift of the profession, and should not be at the beck of popular favor. * * * * All vacant professorships should be filled by the profession, and one of the means of choice should be something similar to the French concours. An end should be put to the getting up of schools to gratify private ambition, AND TO THE BESTOWMENT OF PROFESSORSHIPS BY FAVOURITISM, OR UPON PRINCIPLES OF BARGAIN AND SALE, FOR A CERTAIN AMOUNT OF PECUNIARY RISK IN THE ENTERPRISE. THE TEMPLE OF OUR SCIENCE OUGHT NOT THUS TO BE MADE A HOUSE OF MERCHANDIZE."

Such are the wholesome sentiments published to the world by the association three years ago. Its doctrines were sound, however impotent its efforts to effect practical reform. The same paper recommends that the medical schools should be placed under the control of the medical societies of the states in which they are located. Such an arrangement, we believe, would insure the institution of all needed conservative reform.

We have faith in the masses of the profession. We do not believe that they are wedded to our system of compressing the entire field of medical science in the narrow compass of four months' terms of instruction, with its inevitable imper-

fect teaching and low standards of requirement, however popular such a system may be with the masses of those who are induced, by the *very vices* of this system, to seek admission to the profession. We believe that a very large body of students desire complete, thorough scientific training, and are willing to undergo the necessary mental and physical labor.

A sufficient number are now in Paris to form a medical society. They have gone there for the enjoyment of advantages which our own country MIGHT, but DOES NOT, afford them.

But although the American schools of medicine have defeated the beneficent designs of the national association—although, in the language of the most illustrious of living American medical teachers, "they have placed themselves in direct antagonism to all useful reform, and are defaulters" in this respect, yet we are free to say that there are individual teachers, who are the firm friends and earnest advocates of reform. "They have been thrown into a false position, by an adherence to the defective system first adopted in the infancy of our civilization."

We will not assert the incompetency of our American teachers as a class, but we do assert, without the fear of successful contradiction, that they have attached themselves to a system totally inadequate to the present demands of medical science.

We would hail the establishment of a great national university of medicine, in the full and true acceptation of the terms. Let it be located wherever the greatest number of advantages are combined. Let it recommend itself, by its thorough and finished courses of instruction. We are tired of appeals to sectional feelings and prejudices. The annual stale dish of abuse of Yankees and Yankee institutions has failed to make our home institutions what they ought to be. We want prolonged, thorough, efficient, systematic courses of instruction. We have no choice between northern or southern wooden nutmegs. The student, who has been patiently drilled in the elementary branches, fully indoctrinated into

the principles of the science, rendered thoroughly conversant with the resources of the art, can adapt himself to the variations of latitude with as much facility as he would lay aside the furs of the arctic when he approaches the equator.

As southerners, we would be glad to see our own section taking the lead in measures of efficient practical reform. But we shall hail the good when it comes, it matters not from what quarter.

But though the friends of reform have been disappointed in the national association, we are not without hope. We are looking to the state and local societies of medical men. Let the profession in every neighborhood and district be fully organized. Thus only can their voices be heard, and *potentially*. In the play of powers they have the same check with the house of commons over the crowned heads and nobility.

There is one recommendation of the association to which we would call attention. It is in these words, "That it be considered the duty of preceptors to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained."

The practical observance of this duty would throw our schools into extravagant fits of enthusiasm in favor of reform.

By reference to the tables of medical schools, furnished by the association's committee in 1849, we find that the condition of thirty-six of these institutions are fully reported. Of this whole number, there are but two in which these short terms of lectures do not prevail.

The University of Virginia has a nine months' session, and the medical college at Winchester, Va., *an eight months' term* of lectures.

This, we believe, has been the arrangement from the organization of these institutions—these long terms entailing but little, if any, increased expenditure on the student, above the short term in the cities. More recently, an institution has been founded in Michigan, on the same plan.

In this state, such an arrangement has afforded good opportunities for thorough instruction in the elementary and theoretical branches of medicine, and secured a good state of

preparation for clinical study, where extensive hospital facilities are afforded.

Our medical conventions and the Medical Society of Virginia have repeatedly declared themselves in favor of reform in medical education. By their authority, a bill has been sent to the legislature, praying the appointment of a state board of medical examiners. This measure separates the teaching and licensing power.

The Medical Society of Virginia, at its annual meeting in 1853, instructed its delegates to the association to advocate such an alteration in the constitution as would exclude from representation all those colleges that refuse to comply with its recommendations on the subject of medical education.

But associations and societies are composed of individuals, and the efficiency and usefulness of the one, are in proportion to the zeal and fidelity of the other. If every member were alive to the behests of a noble calling, then the profession would come forward in the majesty of its might, to vindicate its rights and redress its wrongs.

In the language of the late Dr. Chapman: "From slumbers too long indulged, it would at length awake, and shaking the poppy from its brows, be recalled to a sense of what is due to itself, and the obligations it owes to preserve its fair heritage, to be transmitted to posterity, unsullied and without detriment or loss."

Notice of Robert W. Haxall, M. D.

We present to our readers in this number, a lithograph of Dr. Robert W. Haxall, the 4th president of the Medical Society of Virginia. He was elected in 1841. Dr. H. is one of the corps of editors of this journal, and we hope the day is *far distant* when it would be proper to write his biography.

As he is the only one of our corps who has had the honor to be president of the society, in justice to the others it is proper to say, that he is rather the worst looking among them—a remark we can make with perfect impunity, as there is no danger of our journal falling into the hands of the ladies.

Cholera in Richmond.

We would be glad to give our readers a sketch of this disease as it has prevailed in our city during the past few weeks; but in the absence of a board of health and meetings of our city medical society, we find ourselves deprived of the usual sources of information of a general character, with the exception of the records of the superintendant of the public burial ground. We are therefore restricted to the results of our own private observation and the report politely furnished us by Mr. Michaels. The latter, which we subjoin, may be found to vary slightly from that already published in some of our papers, owing to the difficulty, as he informs us, of procuring reliable information.* The following is the report which we obtained up to July 22d, at 2 P. M.

Burials of Persons who had died of Cholera.

WHITE PERSONS.

		Males.	Females.
1854—June	19,	0	1
	23,	1	1
July	10,	1	0
	11,	1	0
	12,	1	0
	13,	3	1
	14,	0	1
	16,	1	0
	17,	2	0
	18,	2	0
	20,	1	1
	21,	1	0
	22,	1	2
		15	7

* We suggest to our medical brethren the great importance of writing down the name, age and cause of death in every instance, to be sent to the superintendent of the burial ground, in order that his books may contain correct statistics, and may be rendered a reliable and valuable source of information.

COLORED PERSONS.

		Males.	Females.
1854—July	7,	1	0
	8,	3	0
	9,	2	0
	10,	5	0
	11,	6	0
	12,	6	0
	13,	9	0
	14,	1	0
	15,	2	1
	16,	3	2
	17,	4	1
	18,	1	1
	19,	4	1
	20,	1	1
	21,	0	2
	22,	2	1
		50	10

These tables show an immense disparity between the whites and blacks, and between males and females. It appears that the mortality has been nearly three times as great among negroes as among whites, and that among the latter there were twice as many males as females, while among negroes there were *five* times as many males as females.

The greater mortality of males, we think, is chiefly attributable to the greater prevalence of habits of intemperance among them. Our city is completely infested with those pests of society, common dram shops, many of which carry on their abominable, murderous traffic under the authority of our city government. At these places a large amount of villainous stuff is sold to blacks and whites, which is commonly known by the very appropriate title of *rot-gut whisky*. A ruinous practice to country negroes prevails here, by which they are furnished with means for procuring this poison. Negroes hired to our factories, instead of being supplied with wholesome food, are generally furnished with board money, as it is called, amounting to about a dollar or a dollar and a quarter per week. With this they are expected to pay for room rent, fuel and food. The consequence is, that many of them live in damp cellars and close garrets, living on the meanest fare, and spending their money at the grog shop.

They are then fit subjects of disease; and when epidemics of a typhoid or depressing character prevail, they have no stamina to contend with disease, and sink under the struggle by scores. We have often thought that the owners of negroes in the country would consult their own interests by hiring them out at half price where they were furnished with good fare and comfortable lodgings.

As usual with cholera, it has infested particular localities, while other parts of the city have been nearly exempt. These localities are chiefly a low, damp piece of ground near the state penitentiary; and in that institution a large number of cases of diarrhœa, dysentery and malignant cholera have occurred; the valley between the two principal hills upon which Richmond is built, and the low grounds in the neighborhood of the shipping wharves, known as Rocketts, together with a more elevated strip of land below Rocketts. The last mentioned place forms part of a valley running back from the river, the surface of which being nearly level, and composed of clay soil, contains several filthy, stagnant pools of water.

The first three deaths of white persons which are recorded in the table above, were members of one family by the name of O'Connor, living at Rocketts, and a number of cases which occurred in other parts of Richmond could be traced to these infected districts. It is a remarkable fact, that the place most infected during the former visitation of 1849, is at present entirely or nearly exempt. This is a range of low frame buildings near the large basin of the James river and Kanawha canal, and was familiarly known in '49 as the infected district. It is, therefore, an interesting subject of enquiry to what cause its present exemption is due. According to our recollection, the places most infected now were also, with this single exception, the most infected in '49. At that period there was a range of old canal locks filled with rubbish passing directly through the infected district. The water soaking through this rubbish rose to the surface, making the cellars extremely damp. In addition to this, the streets surrounding this district were unpaved, and the drains were in an excessively filthy condition. At the present time the appearance of this district is entirely changed. New locks have been cut through, by which the leakage water is carried off, and the streets are all paved and provided with well graded drains. The population of this district is precisely of the same character as that in '49. Comment on these facts is unnecessary.

Cholera has been so well described that it is unnecessary to present our readers with any details of cases. Suffice it to

say, that some of the cases have been of as malignant a character and as rapidly fatal as any we have ever witnessed. A discussion has been going on in our city as to whether cholera is *epidemic* here, and, as usual, the most positive opinions are advanced by those totally ignorant of medicine. While these persons would consider it the highest piece of presumption and folly to pronounce an opinion in regard to a difficult question in botany, geology or astronomy, or any other science of which they may be ignorant, they do not hesitate to express opinions with the utmost confidence on the most abstruse questions in medicine, and to denounce and villify physicians who may differ from them. For these grannies in petticoats we can feel some pity, but towards those in breeches we feel disgust and contempt.

It is sufficient for us to state here, that without the *epidemic cause* of Asiatic cholera no case of Asiatic cholera can occur. Exposure and imprudence alone cannot produce it. They may and always have produced diarrhœa, dysentery and cholera morbus, but they do not produce Asiatic cholera, unless the cause of Asiatic cholera be superadded. For ex. A+I=D but A+I+X=C. The unknown quantity X is a necessary element for the last equation. But says some one, although the epidemic cause be present, there have not been a sufficient *number of cases* to constitute an epidemic. We would like to be informed how many cases in a population of 30,000 would constitute an epidemic. We presume there have been two or three hundred cases, and seventy-five deaths are reported, besides those which have not been reported, within the period of twelve days.

In addition to this, there has been a general complaint of a feeling of malaise, of cramps in the bowels and in the calves of the legs, shewing the existence of some general morbific cause, operating upon the entire mass of the population.

The present epidemic was ushered in by diarrhœas and dysenteries, which prevailed to an unusual extent, for three or four weeks. These were generally very manageable under the use of calomel, opium, astringents, demulcents and counterirritation.

It is a very remarkable fact, that the largest number of deaths occurred immediately after a succession of the most violent storms of lightning, thunder, wind and rain, probably, ever witnessed by any citizen now living in Richmond. For three or four evenings in succession, dark masses of cloud gathered over the city, and the most vivid flashes of lightning followed each other in quick succession, accompanied by an almost incessant roar of thunder; several points in the city

were struck by the electric fluid; the streets were deluged by rain, and trees torn up by the wind. This occurred on the 7th, 8th and 9th, and yet on the succeeding days, the disease raged with its greatest malignity.

At the present time, we think the disease is subsiding; a smaller number of cases are met with, and these being of a more manageable type. B.

P. S. We should be glad to receive reports of members of the profession, and to correct or elaborate the above hastily drawn sketch.

Washington County Medical Association.

The Medical Society of Washington County met in Abingdon on Saturday, June 10th.

Present—Drs. James H. Dunn, vice president, A. R. Preston, E. M. Campbell, W. F. Barr and E. C. Teeter.

The president, Dr. N. Snead, not being present, the vice president, Dr. Dunn, was called to the chair.

Dr. W. S. Findlay was elected a member of the association.

The society then went into the election of officers, which resulted as follows:

Dr. James H. Dunn, president; Dr. A. R. Preston, vice president; Dr. E. M. Campbell, corresponding secretary; Dr. E. C. Teeter, recording secretary.

Dr. Barr offered a resolution, in the following words, which was adopted:

Resolved, that the association, at each of its meetings, select a subject for discussion at the following meeting.

No subject having been suggested for the present meeting, the members engaged in an interesting and animated discussion upon the treatment of various diseases.

Upon the Treatment of Typhoid Fever.

Dr. Campbell remarked, that inasmuch as there was some prejudice to the use of calomel in the treatment of this disease, he had tried the remedy with some patients, giving some *small* to others *larger* doses. He found that those to whom he had given five or six grain doses of calomel, recovered sooner, and their convalescence was more rapid than those

to whom he had administered small doses. In many cases, delirium was an attendant symptom, yet he considered it sympathetic, never having had a case but he believed it depended upon the diseased condition of the bowels. He found a blister applied over the abdomen to do more good than blistering the scalp or nucha.

Dr. Preston said there was a tendency in typhoid fever to locate upon some organ, especially the lungs. In many cases consumption was the sequel.

Dr. Barr agreed with Dr. Campbell in relation to the delirium—never having blistered the scalp, but invariably obtaining relief for the patient by applying poultices, blisters, mustard or spirits turpentine, or cupping upon the abdomen. He generally gave morphia, or camphor and Dover's powder, or Graves' mixture, for the cerebral disturbance in typhoid fever; which remedies gave prompt relief. But he must dissent from the administration of calomel in doses of even *five* or *six* grains. It should not be given for the purpose of procuring its action as a cathartic, but as an alterant, or for the object of producing mild ptyalism, which would act as a *substitutional* disease. He had never lost a case in which this effect had been produced. He never gave more than the fourth or sixth of a grain, and then in combination with Dover's powder and camphor, or ipecac. morphine and camphor, every three or four hours, until its specific effect was produced.

Dr. Dunn had used calomel in as large doses as from five to ten grains, and felt satisfied with his course of treatment.

Dr. Preston remarked, that as there was such a tendency to diarrhœa in typhoid fever, calomel and all purgatives should be cautiously administered. He always gave it in small doses, rarely exceeding half a grain, combined with opiates.

Dr. Campbell holds it as sacred, that when typhoid fever prevails, the lancet should be rarely used.

Dr. Barr agreed with him and remarked, that although we might have inflammatory diseases to contend with, yet when typhoid fever or typhoid pneumonia prevailed in an endemic or epidemic form, the lancet had better be laid aside.

In relation to hemorrhages occurring in typhoid fever, Dr. Dunn remarked, that he had had some cases in which there had been copious discharges of blood from the bowels, but the patient recovered.

Dr. Campbell said he had treated cases in which the hemorrhage had taken place from the hemorrhoidal vessels, others from the intestinal canal. Some cases died, others

recovered. Opium and acetate of lead had but little effect in checking the hemorrhage. In this fever there was such a want of vitality, owing to the depraved condition of the blood—the want of fibrin—the blood vessels lost the power to contract; therefore, astringents did no good.

Dr. Preston had found astringents useful, especially the acetate of lead.

Dr. Campbell reported a case of acute dropsy. A negro man employed on the railroad, complained of pain in the knees, went on the road to work, and was taken with difficulty of breathing and nearly speechless. Saw him in two hours. He was swollen in the abdomen, chest and hands. The doctor first bled him freely and gave forty grain doses of calomel for three successive nights. Three doses effected a cure. He had cured another case of dropsy in the same way—the calomel in such large doses producing free diuresis.

Dr. Barr said that he had cured a case, similar in some respects. He gave first a cathartic composed of calomel, ipecac. and rhubarb, followed with the old prescription reported in Eberlie's practice: ℞ Cream tartar, ʒ iss; sulph. potass. ʒ ss; tart. ant. et pot. grs. ij. Dose—teaspoonful four or five times a day. He had lately cured a case of anasarca and hydrothorax with cream tartar and calomel and squills. In all dropsical affections he had found cream tartar the best hydrogogue he had used.

Upon the treatment of tetter and ringworm the members agreed that tincture of iodine and citron ointment were the best remedies.

Dr. Barr spoke of his success in the treatment of erysipelas, inflammed mamma, sore nipples, &c., with collodion and castor oil, in the proportion of 3 parts of the former to 1 of the latter, to be applied to the surface every day or two.

Subject for discussion at the next meeting—*Calomel as a Remedial Agent.*

On motion, the society adjourned, to meet on Saturday after the first Monday of the circuit court in October next.

J. H. Dunn, *Pres.*

E. C. Teeter, *Sec.*

The semi-annual meeting of the Medical Society of Virginia will be held in Petersburg on the 3d day of October next. The objects of the society must commend themselves

to all true men in the profession, and we know of no mode by which they can be attained except by active general co-operation. We hope, therefore, our semi-annual meeting will be largely attended, and that all who desire to promote the cultivation of medical science and the honor and dignity of the profession, should feel it their duty to enroll themselves members of the Medical Society of Virginia.

We inform those who may desire to do so, that they have only to write a note to Dr. W. D. Haskins, chairman of the committee on nominations, or to some other member of the society, requesting the member to nominate him. This note must be *countersigned* by some member of the society, and his name will be presented for admission at the next meeting of the society. B.

Observations upon the Nature and Treatment of Apoplexy.

BY WARREN STONE, M. D., PROFESSOR OF SURGERY, UNIVERSITY OF LA.

It must have been observed by every physician in general practice that an unusual number of sudden deaths have occurred within the last year or two from nervous diseases. Convulsions in children, epilepsy, paralysis and apoplexy have been common, particularly the latter. There is a strong similarity in *many* respects in all these affections; they are without any fixed anatomical character, and are all owing to some peculiar diathesis, either hereditary or acquired, and some exciting cause, and all die from interrupted respiration and engorgement of the brain and lungs. It is plain that this diathesis must exist or the local or exciting causes could not account for the severity of the symptoms. The same may be said of tetanus. All the local or exciting causes that have ever been recorded fail to produce tetanus in most cases, and probably in all cases that are in perfect condition; and in a majority of cases the apparent cause is so trifling as to leave one in doubt if it is the real one. It has no doubt been observed that tetanus has its seasons, or, rather, that there is something beyond our knowledge of causes that renders tetanus common in one season and rare in another. I see no reason why the same rule should not apply to convulsions or apoplexy. What this peculiar diathesis is, it is difficult to demonstrate; but it is evidently a state of nervous debility or exhaustion, and the fluids—whether considered in quantity or

distribution—play a secondary part. To be sure a clot is sometimes found upon the brain; but this is not apoplexy; it is compression, as much if a blood vessel gives away spontaneously as if caused by a blow. As apoplexy occurs in a large number of cases in those having large heads, short, thick necks, and of a plethoric habit, the true nature of the disease is lost sight of, and nothing is thought of but compression of the brain from too much blood having suddenly rushed into it. I need not say that the skull forms a closed cavity which must be filled and can contain no more or less. If any foreign substance, such as blood out of the vessels or serum is admitted, it is done at the expense of the circulating fluid, and insensibility is the result to a greater or less degree, according to the amount thus displaced. Whatever may be said of serous and sanguineous apoplexy, they can never occur suddenly; and what I would term pure apoplexy, or apoplexy proper, is in its onset purely nervous, and the lesion of circulation is secondary. The heart and its valves and vessels leading to and from it, being healthy, the brain must receive its regular proportion of arterial blood at each pulsation, unless there occurs an obstruction to the return of the venous blood, for unless venous blood comes out, arterial blood cannot enter. Sudden insensibility is the first step in apoplexy, and as a consequence of the interrupted respiration the return of the venous blood is obstructed, and in proportion arterial blood is excluded, and thus the consequence is mistaken for the cause. Plethora may exist in the case of large head and short thick neck, and a fit of indigestion upon a gorged stomach may take place; but if the nervous energies are unimpaired there will be no apoplexy, although there may be great disturbance. There is no reason why blood should rush to the head because it is large, and the neck short and thick, any more than if it were small and the neck long and slender. The large head and thick neck are indicative of certain animal propensities, and also of a certain vigor of frame that will permit the indulgence of them until the nervous system is brought to such a state of exhaustion that by taxing its energies to manage an overloaded stomach, insensibility takes place. The small head and long neck denote a different constitution, which gives way in some of its parts before the apoplectic state is brought about; either the liver becomes indurated, or the stomach and bowels lose their tone in a majority of cases; but when these organs withstand a long continued indulgence in wine and women, apoplexy will be brought about, notwithstanding the conformation. Who cannot call to mind instances of sudden death, by apoplexy, in

perfect patterns of temperance and continence? But that kind of indulgence which brings this about is practiced in public bar rooms; it is a steady but not excessive indulgence in the good things of this world, which does not show externally in those of the latter make, but it tells upon the brain as certainly as in those of the stout, plethoric habit.

Apoplexy in the one is called sanguineous, and in the other serous. I wonder that somebody has not had the curiosity to find out how serum gets suddenly into the brain to the exclusion of blood. Why is it so difficult to conceive of sudden insensibility of the brain, as a disordered function, without the intervention of blood or water, when we see it so common in epilepsy, and in children with convulsions? Neither a flushed nor a pale countenance is always to be met with in the outset of these affections; but my experience is, that in general the countenance is more pallid immediately preceding the attack. I speak of convulsions in children and epilepsy, because we often witness the outset, whereas we rarely witness the beginning of apoplexy. A flushed face is no evidence of itself that the subject of it will bear the loss of blood; neither is the opposite evidence of itself that the subject will bear it. We often meet with cases with flushed face, where the nervous energies have been exhausted by over stimulation, and we have to stimulate judiciously, nourish with broths, and keep them in a horizontal posture, that the nutrient fluid may flow easily to and from the brain, and maintain innervation, or convulsions and insensibility may take place. This condition may be brought about in vigorous constitutions by a more rapid indulgence. I can call to mind several cases brought, by a few weeks of systematic indulgence, (such as brandy, as freely as the system would bear without disturbing digestion, high seasoned food, as much as the stomach would bear, and indulgence with women to the full extent that such a state of unnatural excitement would permit,) to an apoplectic state, and the attacks were as sudden as epilepsy. One had just driven up to his hotel, late at night, from a debauch with his mistress, and fell upon the pavement when in the act of paying the cab man. Sun stroke, (as it is commonly termed,) presents an analogous condition, and its true nature is as often misunderstood. One with healthy proportions of blood falling insensible under the enervating influence of great solar heat, with interrupted respiration, will present a flushed (or rather a livid) countenance; but I have seen the same degree of insensibility produced by the same cause in cases where the fluids were exhausted by disease, and the countenance was pale or sal-

low. Some forms of congestive fever are analogous to sun stroke, and it is reasonable to suppose that miasmatic influence is combined with that of solar heat in the production of both, as these diseases are often developed after the direct action of the causes have ceased.

I commenced with apoplexy, and have adverted to analogous diseases with a view to illustrate my views of the nature of apoplexy, rather than to treat of them. Although the general pathological condition is the same in all cases, there is a variety of exciting causes, (which are equal to complications,) and will call for modifications in treatment, when the disease is brought on by habitual high living. As the digestive powers begin to flag, premonitory symptoms begin to appear, which give ample warning, and the attack may be avoided by proper management. The prominent symptom is sleepiness, which, after a heavy meal, may degenerate into an apoplectic stupor. The preventive employed has generally been blood letting. I will not pretend to say that this means may not be used, (so far as immediate effects are concerned,) without harm, and even with benefit, if real plethora exists; but it is an improper remedy. There is a peculiar state of the stomach in these cases, which, independent of indigestible food, exercises a depressing influence on the brain, which blood letting does not relieve. Cathartics, or rather medicine that will excite the secretions of the stomach and bowels, act far better. A mere cathartic that only evacuates the bowels, affords comparatively but little relief; but give calomel, or what is better, if it is good, blue mass, in large doses, for six or eight hours, and then some gentle saline, and a copious secretion of, at first, dark green and then yellow acrid fluid will follow; and it is astonishing the quantity of bile, brandy, wine, and gross acrid fluid will be found out that the lancet could never reach. A brisk cathartic may be necessary, but it takes time to bring about a free secretion from the mucous surface of the stomach and small intestines; but when we consider the immense surface the mucous membrane of these organs present, we can readily conceive that an immense depletion can be effected without violence to the organs, and then we abstract the gross acrid fluids and leave the appropriate nutrient fluid to stimulate the exhausted nervous energies. This principle may be finely illustrated in cases that have been drinking largely for a short time until their blood is poisoned by alcohol and they are bordering upon mania. Stimulants can no longer be borne; opium is at least dangerous and often fatal; blood letting is at least useless, if not injurious; but bring about copious secre-

tion from the stomach and bowels, by frequent small doses of calomel and salines, which seem to act on the principle of exosmose, and entire relief is afforded, and an opiate may be administered with safety, and probably with advantage. Having relieved the system, a proper course of living and remedies will almost certainly prevent any recurrence: A plain but nutritious diet, and such tonics as may be found appropriate to restore the tone of the stomach and the exhausted nervous energies.

Blood letting, frequently repeated, brings about a state of plethora that never is produced naturally. Bleeding piles will illustrate this better than any thing else, although they are looked upon by many as a God send, and we are strictly warned not to meddle with them. An attack of bleeding piles will frequently last two or three weeks, and if the digestion is good, and the patient a free liver, the patient by this time has formed the habit of forming blood enough for the use of the system, and to supply also their daily loss. The bleeding ceases, but before the habit is changed, great plethora is produced. Those that we commonly call plethoric, will seldom bear the loss of blood as well as the spare but robust. And real plethora rarely exists, unless it be brought about by the habit of forming blood to supply losses, which, like other habits, cannot be easily changed.

Cure the piles, diet the patient, give cathartics, if necessary, or rather manage your patient until the system has established the habit of forming only sufficient blood for its own use, and he will be much more safe against apoplexy than he will to depend upon this drain. One evil may sometimes prevent a worse one, but I could never see any advantage in piles. If the subject of it is delicate, he is reduced and rendered liable to the inroads of any constitutional disease he may be exposed to; if he is robust, it creates plethora, and all the good that can possibly result from bleeding piles, the lancet or a few leeches will afford, and at the exact time when needed. If the subject is laboring under apoplexy, with stertorous breathing and a labored pulse, I do not pretend that blood letting may not be used with advantage, but care must be taken not to produce a sedative effect, or mischief will be done. Apoplexy, like epilepsy, and all functional disorders of the nervous system, is disposed to be periodic, and the paroxysm is disposed to terminate of itself, if the immediate consequences can be warded off, such as interrupted respiration and the consequent engorgement of the lungs and obstruction to the return of venous blood from the brain. These consequences may be relieved perhaps in

some cases of real plethora, but the pulse is often deceptive, and the patient being in a horizontal position, more blood is generally drawn, (even by moderate men,) than can be useful. The patient should be placed so as to favor the respiration, for the patient naturally falls into an unfavorable position, the tongue falls back into the throat, mucous accumulates in the fauces, etc. Perhaps the most favorable position is, with the shoulders slightly elevated and the head thrown a little backward. If it were possible to arouse the stomach to action and empty it of its contents, it would be the most efficient means of restoring sensibility, but in severe cases this is impossible. Croton oil can be applied to the tongue or throat, and the bowels acted upon by this means. Stimulating injections are of great service, even when bleeding may be deemed necessary. Carbonate of ammonia appears to me to stimulate the nervous system far more favorably than alcohol, especially when alcoholic or vinous stimulants have been freely used before; and the rectum absorbs as readily apparently as if nothing was the matter. Sinapisms to the trunk are of some service, not as revulsives, but as stimulants, as there is some sympathy between the external and internal surfaces. We (I mean Americans generally) are too apt to despise trifles; but there is a wide difference between the judicious use of several trifles and the injudicious use of one powerful agent, in the result. So eager are we to do something decisive, that we can hardly keep from bleeding a patient insensible from concussion. There is a disposition to do something potent in desperate cases, even if it is bad. What are the chances, if you do not operate, said an eager friend of the patient to a friend of mine who had refused to operate? None at all, sir, was the reply. Then why not operate? Because it would abridge his life, and if my patients must die, I prefer to have them die a natural death. If we succeed in restoring sensibility, the management mentioned for those threatened with it, is proper. We know that the attack will recur, unless the habits which gave rise to it are changed. We can do much to restore the impaired energies, but the most judicious use of medicine will not preserve one from the effects of evil habits.

N. O. Med. News and Hos. Gaz.

On Indigestion arising from Defective Action of one of the Excreting Organs.

BY DR. GEORGE BUDD, F. R. S. &c.

[The state of the nervous system not only influences the action of the stomach, but it is also affected by the condition of the blood, because from the blood are derived the secretions which assist in digestion.]

The stomach is in more direct relation with the liver than with any other important excreting gland. The stomach and the liver are parts of the same great apparatus, whose office it is to supply from the crude matters taken as food, fit material for the sustenance of the body. The action of the one organ is in some degree complemental to that of the other. Dr. Prout long ago advanced the opinion, that the muriatic acid of the gastric juice is furnished by the decomposition of chloride of sodium or common salt, and that the soda thus set free in the blood is eliminated with the bile. He was early led to the opinion, which the researches of Matteucci, Liebig, and others, tend in some measure to support, that the principal digestive organs constitute a kind of galvanic apparatus, of which the mucous membrane of the stomach may be considered the acid, or positive pole, and the hepatic system the alkaline, or negative pole.

Dr. Bence Jones has lately shown, that soon after meals, when the stomach secretes a large quantity of muriatic acid, the urine has a tendency to become alkaline; and that the soda set free on the decomposition of the chloride of sodium which furnishes the muriatic acid of the gastric juice, instead of being all eliminated by the liver, as Prout seems to have supposed, is in part eliminated by the kidneys. Other observers have shown that, when the stomach is pouring out a large quantity of acid, the alkalinity of the saliva likewise increases; and, since the increased alkalinity of the urine and saliva at such times results from the increased quantity of free soda in the blood, it is probable that the same law holds for all other secretions of which soda is an essential constituent. But still there is reason to believe that the opinion advanced by Prout is in part true, and that an intimate relation—and one, probably, of the kind which Prout supposed—exists between the secreting functions of the stomach and the liver.

If the secretion of the liver be defective in consequence of deficient power in the organ, or in consequence of the congestion of it that results from high living and indolent habits, the

functions of the stomach are almost invariably disordered, and, in conjunction with a slight yellow tinge in the conjunctiva and skin, there is a coated tongue, an impaired appetite, nausea and especial disrelish of rich dishes, constipation: and often, with this defective action of the stomach and liver, there is disturbed or unrefreshing sleep, and great depression of spirits.

The remedies for this condition are, a light and simple diet, with water for drink; fresh air; exercise, to promote perspiration, without fatigue; and medicines that increase the secretions of the liver, bowels and kidneys. A moderate dose of blue pill, repeated two or three times on alternate nights, and a drachm of sulphate of magnesia in infusion of senna every morning, answers well for persons strong enough to bear it. To others, fifteen grains of sesquicarbonate of soda, twice a day, with enough of the potassio-tartrate of soda to act gently on the bowels, or some other medicine of similar action, may be given with benefit.

Again, when the kidneys imperfectly perform their office, so that urea and other constituents of the urine contaminate the blood, the functions of the stomach are generally more or less disordered.

This is especially seen in advanced stages of Bright's disease, when the kidneys are atrophied. The prominent symptom of the stomach disorder in such cases is nausea or vomiting. The vomiting is sometimes so frequent as greatly to interfere with nutrition, and is the only disorder of stomach complained of. In other cases, the ordinary effects of slow and feeble digestion—a sense of weight and oppression after meals, with flatulent distension of the stomach, or undue acidity—coexist with the nausea or vomiting; and sometimes these effects of slow and feeble digestion exist alone.

In chronic granular disease of the kidneys there are several conditions which tend to disorder the functions of the stomach.

First, there is, perhaps, in many cases, as when the kidney is irritated by a calculus, a purely nervous influence starting from the kidney, which is reflected upon the stomach, and tends to derange it.

In the next place, the gastric juice becomes vitiated by admixture with urea, and probably with other hurtful excrementitious matters. The mucous membrane of the stomach must, as I have before observed, be regarded as an expanded gland, destined to furnish abundant secretions, and, by virtue of its active secreting function, occasionally instrumental in eliminating noxious principles from the blood. It has been found, indeed, on chemical analysis, that, in malignant cholera,

and in those diseases of the kidneys in which the secretion of urine is very defective, the matters vomited contain urea, or the muriate or carbonate of ammonia derived from the decomposition of it.

The elimination of these foreign matters, or the reflex nervous influence, may, moreover, excite the secretion of gastric acid when there is no food in the stomach to dissolve; or may cause congestion of the stomach, and thus lessen the supply of gastric juice; or may lead, directly or indirectly, to an inflammatory condition of its lining membrane, and so not only lessen the supply of gastric juice, but also cause a secretion of unhealthy mucus, which, from its proneness to ferment, is an additional source of gastric disorder.

I have already observed, when speaking of the effects of arsenic, that a stomach disorder caused by some noxious matter in the blood is apt, if it exceed certain limits, to be followed by an analogous disorder of the bowels. The cause of disturbance acts alike, though in different degrees, on the different parts of the intestinal canal. An illustration of this is seen in granular disease of the kidney, in which diarrhœa not unfrequently coexists or alternates with the gastric disorder, and in which the matters voided by the bowels, as well as those ejected from the stomach, have been found to contain urea.

In granular disease of the kidney, the blood is always impoverished, and there is a source of further exhaustion in the abiding drainage of albumen from the system. It is very important, therefore, to remedy the disorder of digestion, and, so, in the greatest possible extent, to supply the waste. Not unfrequently, indeed, more relief can be given by remedying the stomach disorder than by any measures in our power that directly affect the kidney itself.

The vomiting or nausea may generally be controlled by the dilute hydrocyanic acid, which may be given in doses of four or five minims three times a day, and which may be conjoined with small doses of potash or soda, if any indications of undue acidity likewise exist.

Another remedy, very effectual in controlling the vomiting, is creosote, of which a minim or less may be given, in a bread pill, three times a day, before meals.

If these means should fail, the vomiting and much of the associated gastric disorder may often be stopped for a time by a few purgative doses of cream of tartar and jalap, which probably relieve the stomach by causing a more abundant elimination of the noxious matter by the bowels. This medicine is best given, as are most others of similar action, in a single dose sufficient for the desired object, in the morning,

before breakfast, since it will then, in addition to the drain it causes from the mucous membrane, only sweep away the refuse of digestion; whereas if it be given at other times or in repeated doses during the day, it sweeps away food that has been more or less digested, but the nutritious elements of which have not been absorbed.

I need hardly remark, that when such impediments to healthy digestion exist, very great care should be taken in diet. If the food be hard of digestion, or if more be eaten than the stomach can easily dissolve, it not only oppresses the stomach and causes much temporary discomfort, but may excite an inflammatory condition of the mucous membrane, and thus still further weaken the digestive power.

The blood may be rendered impure and the stomach be deranged, not only by defective action of the great excreting organs, but also from fault in the processes concerned in the waste and repair of the tissues in other parts of the body. The blood is the storehouse from which the different textures of the body draw the materials for their nourishment and growth. Physiology teaches us that the organic constituents of most of the textures of the body are being constantly renewed—that as time flows on, although the form remains nearly the same, the matter is changed. Every exercise of power causes an expenditure of the substance of the organ that ministers to it. Some constituent of the organ is resolved into simpler chemical compounds, which are then given back to the blood, and the blood furnishes to the organ fresh materials to supply the waste. There is thus a constant interchange between the blood and the tissues; the organic constituents of the tissues waste—are resolved, that is, into simpler chemical combinations—and are then absorbed into the blood, and thrown off by the different excreting organs; and the elements of the tissues thus taken away are reconstructed out of fresh materials supplied by the blood. These processes of waste and repair are what have been termed the processes of secondary assimilation. It is essential to the purity of the blood that they be rightly performed. There are several ways in which they may be deranged. The expenditure of power may be too great, the tissues may waste too rapidly, and thus more effete matter may pass into the blood than the excreting organs can remove; or without this, either in the waste or in the reconstruction of the tissues, some substances may be formed, and may pass into the blood, which are difficult of excretion, or which disorder the action of other organs.

It was Dr. Prout who fixed our attention on this great class

of disorders—disorders not depending on any visible structural change, but on some fault in those subtle processes that minister to nutrition. There are, doubtless, more disorders of this class than we have yet distinguished. They all lead to an unnatural state of the blood, from the excess of effete matter or from the presence of some unnatural and injurious principle in it; and often this leads again to an unnatural state of the urine—the great drain through which the soluble effete matters of the body are cast off.

These states of faulty assimilation are, then, in some instances, revealed to us by the condition of the urine.

One of the most important of them, as far as digestion is concerned, is that characterised by the formation of lithic acid in undue quantity, and in which an excess of this substance exists habitually or frequently in the urine.

This particular derangement of the nutritive processes often has its origin, as you know, in a peculiarity of constitution—the so-called lithic diathesis—which is permanent, and which is especially frequent in the members of gouty families and in persons of middle age who lead the kind of life that conduces to gout; who eat, that is, large quantities of animal food, and drink freely of malt liquors.

In such persons, occasional indigestion is very common—indigestion marked chiefly by excessive acidity of the stomach and heartburn, and by the condition of the urine, which contains a sediment of lithate of ammonia or lithic acid gravel, or which, without this, is high colored, and more than commonly acid. With this acid indigestion there is often insufficient action of the liver, a bilious tinge in the complexion, costive bowels, a coated tongue, which sometimes dries at night, and heavy or disturbed and unrefreshing sleep.

In this form of indigestion, much relief is given by alkalies, which neutralise the excess of acid in the stomach when digestion is over, and thus stop or prevent the uneasy sensations to which it gives rise. The soluble alkalies do good also, and more permanent good, by promoting the secretion of the liver and the kidneys. The bicarbonate of soda and the bicarbonate of potash are, in most instances, the best forms in which these can be given, and the best time for giving them, as was pointed out by Dr. Prout, is two or three hours after the principal meals. Fifteen grains of either, two or three times a day, is, in most cases, a sufficient dose; and, if there be a sense of heat in the stomach, this may be conjoined, as Prout recommended, with a few grains of nitre.

At the same time, a few doses of blue pill may be given on alternate nights, further to promote the secretion of the

liver, and colocynth, or colocynth with henbane, to keep up free action of the bowels.

The use of alkalies should be continued for some weeks, and, if any gouty symptoms exist, a grain of acetous extract of colchicum may be given at night.

Persons who suffer from this kind of indigestion should endeavor to promote the action of the lungs and the skin, and, with this object, should take active exercise, be much in open air, and sleep in an airy bed room; and they should live on a simple and abstemious diet—not eating too largely of animal food, and carefully avoiding ill-fermented malt liquors, rich dishes, heavy pastry, and cheese. Where total abstinence is not feasible, the alcoholic drinks best suited to them are pale sherry, in small quantity, or brandy, largely diluted with water.

By such means the indigestion may often be stopped, the excessive acidity of the urine corrected, and the general health greatly improved; but the disorders have their origin in a peculiarity which is constitutional and abiding, and they are, therefore, very liable to recur.

Another faulty state of the general health attended with indigestion is now and then met with, in which the urine is apt to contain oxalic acid in considerable quantity, and to precipitate, on standing, the well known octohedral crystals of oxalate of lime.

Dr. Prout supposed that a more than common disposition to the formation of oxalic acid in the system, is indicative of a peculiarity of constitution; and he expressed this supposed peculiarity by the term *oxalic diathesis*.

Oxalic acid, which is composed of only carbon and oxygen, with the elements of water, and which exists in many plants, and may be readily formed by the oxidation of various animal and vegetable substances, may come to be present in the urine in several ways.

1st. It may be taken in the food; may escape conversion in the stomach, and after its absorption in the blood; and may thus pass off in the urine, in combination with lime.

Many vegetables contain oxalic acid in combination with alkalies or with lime. The stalks of rhubarb, which are largely eaten in this country in the spring in tarts, and sorrel, which is much used abroad as salad, contain it in considerable quantity in combination with alkalies. In some persons, the oxalic acid taken in these articles of food is changed in the process of digestion, or undergoes conversion in the blood by the influence of oxygen, and consequently does not pass off, as oxalic acid, in the urine. In others, whose power of diges-

tion is weaker, or in whom respiration is less active, the oxalic acid escapes conversion and passes off in the urine in combination with lime.

This may happen in persons who are in perfect health, and who have no marked tendency to the formation of oxalic acid in the system. With this occasional, and, if we may so term it, *accidental* presence of oxalic acid in the urine, we have nothing here to do. It may lead to the formation of a small calculus of oxalate of lime, and so have very serious results; but it does not denote any abiding disorder of digestion or nutrition.

2nd. Oxalic acid may be formed in the body, and, as Dr. Garrod has shown, its presence may be detected in the blood when none of it is taken in the food.

The oxalic acid which is formed in the body may, possibly, be derived immediately from the saccharine elements of the food, or from lithic acid and other substances that result from the waste of the tissues, or from both these sources at once.

We know, indeed, that out of the body oxalic acid may be readily formed, under the influence of oxidising agents, from sugar, starch, and their chemical equivalents; and Liebig and Wohler have shown that it may also be readily formed from lithic acid.

Dr. Prout long ago inferred that oxalic acid might be derived from the waste of the tissues, from the fact that its habitual or frequent presence in considerable quantity in the urine is often associated with an unhealthy condition of the skin, and also from the fact, that, in rheumatic and in hectic fever, large quantities of nonnitrogenous acid—lactic acid—which must, he imagined, have their source in waste of the tissues, are formed or set free in the body.

Oxalic acid is said to be constantly present in the urine of herbivorous animals, and, according to Lehmann, it often exists in the urine of men in perfect health, but in such minute quantity that it is not readily discovered. It may then, he says, be sometimes made apparent by freezing the urine. When urine is frozen, a great part of the water crystalizes in a comparatively pure state, and if this be removed, the concentrated urine that remains deposits crystals of oxalate of lime.

The quantity of oxalic acid is found to be increased, so that the urine, without any such concentration, deposits numerous crystals of oxalate of lime, under many circumstances:

1. It is increased, according to Lehmann, by emphysema of the lungs, by the diminished elasticity of the lungs that results from repeated attacks of catarrh, and by other con-

ditions that impede respiration, and thus prevent perfect oxidation of the carbon, which passes off in the urine as oxalic acid, instead of escaping in the form of carbonic acid by the lungs.

It is also increased, according to him, by drinks that contain much carbonic acid, and by the alkaline bicarbonates and vegetable salts; and he accounts for this increase by supposing that the surperfluous carbonic acid which has entered the blood, or been generated there from the salts of the vegetable acids, must obstruct the absorption of oxygen and impede the perfect oxidation of those substances in the blood which support respiration.

2. The quantity of oxalic acid in the urine is often increased, as Dr. Walshe has shown, during convalescence from typhus fever, rheumatic fever, and other acute diseases, in states of anemia, and in the course of many chronic diseases that interfere with nutrition.

3. A considerable deposit of oxalate of lime often exists in the urine of persons who have no appreciable disease of the lung or other organs, and who have had no positive illness, but who have disordered digestion and look and feel out of condition. As the general health improves, the oxalate of lime disappears from the urine; but under the influence of fatigue and many other conditions unfavourable to health, the indigestion and other ailments recur, and the oxalate of lime appears again.

Dr. Prout, observing an especial tendency to this kind of disorder in certain persons and certain families, and believing that diabetes, which he considered on chemical grounds to be a kindred malady, was constitutional, and to a certain extent hereditary, was led to suppose that the especial tendency to the formation of oxalic acid and the concomitant disorder of health had its origin in a peculiarity of constitution, and, as I have already mentioned, he designated this supposed peculiar constitution the oxalic diathesis. There is, however, no constant connection between the disordered state of health and the presence of oxalate of lime in the urine.

A copious deposit of oxalate of lime may result from other conditions, and the ailments we are considering may exist without the oxalate. Very often, however, the ailments and the oxalate coexist, and constitute and define a disorder which it is very important to recognize, because experience has shown that it can generally be controlled or much mitigated by a particular plan of treatment.

To the patient nothing seems amiss in the urine. He complains only of his indigestion and its accompanying ailments. It is the form of this indigestion that we have now to consider.

It presents no striking or distinctive characters. The appetite is often good, sometimes more craving than in health; digestion is not slower than it should be; there is no pain, no sense of oppression or weight at the stomach immediately after meals; there is seldom vomiting or heartburn. But much discomfort is caused by flatulent distension of the stomach, especially two or three hours after a meal, when the stomach is getting empty, and sometimes there is pain in the stomach at that time. With this flatulent distension of the stomach there are often uneasy sensations in the belly, which seem to result from flatulent distension of the duodenum or the colon.

The disorder of digestion is usually associated with other symptoms of constitutional disorder, and especially with nervous symptoms. The patient in most cases grows somewhat thinner, is weak and readily fatigued, sleeps badly, is troubled with palpitation, is irritable in temper and depressed in spirits and often hypochondriacal in a high degree, and has, or fancies he has, deficiency of sexual power. Frequently, too, he has a wearing pain, or a sensation of uneasiness across the loins, and empties his bladder more frequently than in health—symptoms resulting probably from irritation of the urinary organs by the passage of the oxalic acid through them.

In some cases there is evidence of defective or faulty nutrition of the skin in a scaly eruption or a succession of boils.

These ailments vary greatly in degree in different cases. In some, they are very trifling; in others, the restlessness at night and mental depression unfit the patient for his usual occupations, and render his life miserable. They are none of them peculiar to the disorder we are considering. Taken together, indeed, they often form a group that is tolerably significant; but the only sure evidence that oxalic acid is in excess, is the presence of numerous crystals of oxalate of lime in the urine.

The urine then is always acid, generally more acid than in health; in most cases of an amber color and transparent, and of moderate or rather high specific gravity. If allowed to stand in a conical glass vessel, a light cloud of mucus may form at the bottom, but there is often no other deposit.

In some cases, however, together with oxalate of lime, the urine contains an excess of urea, and is of higher specific gravity than in health: or it contains an excess of lithic acid, or of lithate of ammonia, and these substances are deposited at the bottom of the glass.

The crystals of oxalate of lime are not visible to the naked eye, except when many of them are entangled in a dense

cloud of mucus at the bottom of the glass, in which case they can sometimes be seen as minute glistening points: but may, as Dr. Golding Bird first showed us, in all cases, be readily discovered by the help of the microscope. The detection of them is important, because it throws light on the nature of the disorder and may determine the plan of treatment.

A disposition to such recurring derangements of the general health, and to the formation of oxalic acid in the system, may—like the disposition to gout, diabetes, and other kinds of faulty assimilation—either be inherited, or be induced, where no inherited tendency to it exists, by certain external conditions or habits of life.

The conditions which Dr. Prout assigned as most conducive to it, are—residence in a damp or malarious district, the too abundant consumption of sugar, the depressing emotions of anxiety and grief, exhausting bodily or mental labor, long courses of mercury, excessive smoking, and, indeed, all other circumstances that seriously depress the vital powers.

Among the inhabitants of this great city, there are, I believe, no circumstances that conduce to it so much as the foulness of the air we are always breathing, and the anxiety and exhausting labor of mind and body that are almost inseparable from the pursuit of wealth or distinction.

Now, all these conditions, by their action on the nervous system, enfeeble respiration; and it seems probable that, as Lehmann has suggested, the formation of oxalic acid may be immediately owing to defective oxidation of those materials in the blood by which respiration is supported; but in the cases we are considering, it is not the less dependent on derangement of the general health, which is apt to recur, and which constitutes a definite object of medical treatment. In some cases, it seems, from the high specific gravity of the urine and from the large quantity of urea that coexists with the oxalate of lime, that there is a more rapid waste of the tissues than is natural, and that the respiration is not absolutely, but only relatively defective—insufficient, that is, for the complete oxidation of the large quantity of combustible materials on which the inspired oxygen acts.

The indigestion, and the various other ailments that result from this derangement of health, are much under control.

The remedy of most efficacy, where the urine is free from a red deposit, is the nitro-muriatic acid, which often prevents the formation of oxalic acid after a few days, lessens the flatulence and the palpitation, and makes the sleep quiet and the spirits more cheerful. From eight to twenty minims of each of the dilute acids may be given twice a day in a glass of

water, half an hour before breakfast and half an hour before dinner.

It was long ago known that nitric acid, or the nitric and muriatic acids, have occasionally great efficacy in indigestion; but it was Dr. Prout who rendered our knowledge on this point precise, and showed that it is in the particular form of indigestion we are considering, and in persons in whom there is a disposition to the formation of oxalate of lime in the urine, that they are especially of service.

The mineral acids have a tendency to cause a deposit of lithic acid, or of lithate of ammonia, in the urine, and when such a deposit exists, it is seldom advisable to give them longer. Dr. Prout tells us, that, when his patient lived at a distance in the country, he commonly advised him to take the acids for a month or until lithic acid or lithate of ammonia appeared in the urine.

All ailments that result from faulty assimilation and that depend primarily on peculiarity of frame or constitution, are very liable to recur. If, therefore, the mineral acids should prove of service, they may be had recourse to again and again on each occurrence of the same disorder.

If the tongue be clean, some of the light bitter tonics may be given with advantage in conjunction with the mineral acids.

When the urine from the first has a deposit of lithic acid or lithate of ammonia, the mineral acids should not be given, and the best substitute for them that I know of is the carbonate or the aromatic spirit of ammonia.

Where there is want of sleep, and great nervous irritability, and much flatulence and palpitation, the tincture of henbane, or the dilute hydrocyanic acid, or some other sedative, may be given with advantage in conjunction with either of the medicines I have just mentioned.

So much for the remedies which the Pharmacopœia supplies.

The proper regulation of the diet is equally important. Dr. Prout, considering the excessive use of sugar as one of the causes of this disorder of health, laid it down as a rule, that saccharine articles of food, and particularly *sugar*, should, as much as possible, be avoided; and that the diet should consist chiefly of animal food, and the stronger farinaceous matters.

He advises also, that the patient should abstain as much as possible from alcoholic drinks, and that, when he cannot abstain entirely, he should select in preference to others, sherry, or brandy, properly diluted with water. In some cases, how-

ever, these are too heating, and sound malt liquor, or hock, or claret, may be substituted for them.

Many years have elapsed since these injunctions were made, and the wisdom of them, as general rules, has been fully established.

It is very important, also, that the patient should change for a time his habits of life. If he is an inhabitant of a large city, and exhausts himself with mental or bodily labor, country air, rest, and recreation, are often sufficient of themselves to restore the health.—*Med. Times and Gazette.*

Toxicology, &c.

Poisoning attributed to Vapour of Cyanide of Potassium.—The bodies of four individuals were found dead in a cottage in the village of Elscar, in Yorkshire. On the inquest, it was stated that the cottage abutted on the foundation of a smelting furnace, and it had been discovered that there were cracks in the wall of the furnace. Death was attributed to the vapour of cyanogen having escaped, and having been inspired by the inmates after they had retired to bed. The symptoms and circumstances of their death could not be known, as all four had evidently been several hours dead when the catastrophe was discovered. According to the report of the inquest in the daily papers of December 6th, there does not appear to have been any scientific investigation to ascertain whether cyanogen, or carbonic acid gas had escaped through the fissure in the wall of the furnace.

Recovery after taking a large Dose of Prussic Acid.—Mr. W. H. Burman of Watch-upon-Dearne, has communicated a very interesting history of the recovery of his father from accidental poisoning by prussic acid. We regret that our limits compel us to confine our notice of this instructive case to a short abstract. Mr. Burman, sen., took by mistake a drachm of Scheele's acid instead of diluted acid. In a few seconds, he perceived by the bottle the mistake he had made; he immediately swallowed half an ounce of aromatic spirit of ammonia, with a little water; and then called to his son, and told him what had occurred; he spoke hurriedly, breathed deeply. Mr. W. H. Burman immediately administered some solution of crystals of sulphate of iron, trusting to the ammonia swallowed previously for the formation of an insoluble

compound of the acid with the oxides of iron. This was two minutes after the poison had been swallowed; from this time, for twenty minutes, Mr. Burman had no recollection of anything that was taking place. Respiration became deeper and slower. Four minutes after taking the poison, cold douche was freely employed, and more solution of sulphate of iron with spirits of ammonia administered. Vomiting took place; a slight convulsive shudder occured; the cold effusion was persevered in, with the occasional administration of spirits of ammonia. In twenty minutes he began to exhibit signs of returning consciousness. In about fifteen minutes later, he was able to walk up stairs to bed. Pefect recovery took place. The patient was about sixty years of age, and of a strong constitution.

By chemical analysis, Mr. W. H. Burman found that the quantity of the acid which his father had taken, contained 2.4 grains of anhydrous acid. Mr. Burman observes, that this is the largest recorded quantity taken and followed by recovery. It is also a matter of interest in this case that the time at which insensibility came on is so exactly known, viz: two minutes after the poison was swallowed.—*Lancet.*

Experimental Investigation of the Poisonous Quality of the Oil of Bitter Almonds when freed from Hydrocyanic Acid.—A servant girl having been poisoned by half a drachm of essential oil of almonds, taken by mistake, Dr. Douglas Maclagan has been led to investigate the poisonous quality of the simple hydruret of benzule, which constitutes, with more or less of hydrocyanic acid, the commercial essential oil of almonds. The following are the conclusions:

"1. The marked difference between rectified and unrectified oil of bitter almonds shows that the poisonous character of the latter is essentially due to the hydrocyanic acid which it contains. 2. That the oil, really free from hydrocyanic acid, in doses of a few drops, does not act as a poison on animals generally; and that the instances of fatal effects on man and animals of such doses of the unrectified oil, must be referred entirely to the hydrocyanic acid. 3. That experiments on rabbits with quantities of half a drachm and under, invariably show, that, if quite free from prussic acid, such doses do not cause fatal effects. That in larger doses (a drachm and upwards) it does, even when quite free from hydrocyanic acid, prove fatal to rabbits, but with great variation as regards the rapidity of the death, which variation is due to the physiological peculiarities of these animals. 4. That on dogs, whose organization renders them much better subjects for testing the

probable effects of the substance on man, doses even so large as three drachms of the oil, entirely or nearly free from prussic acid, produce no other effect than a little vomiting, and do not cause death, or even dangerous symptoms. 5. That experiment shows, that if this substance is to be called a poison at all, it must be regarded as one of no great activity; but, that, in reality, it cannot, even on the ground of its effect on rabbits, be styled a poison, without including under this denomination many other substances, such as oil of cloves, which cannot be regarded as poisonous, in the common sense acceptation of the term. 6. That the use of the purified oil to make flavouring condiments is open to no objection which would not apply to ordinary aromatic volatile oils; and that the spirituous solutions sold for this purpose, if made of properly purified oil, are not dangerous. 7. That since, by due care, the oil can be so entirely freed from hydrocyanic acid as to deprive it of active poisonous properties, great culpability will attach to the sale of preparations made with unrectified oil."

The author has given a short notice of the opinions of different toxicologists on the properties of this oil, with the details of his own experiments; forming a very valuable contribution to toxicological science.

Edinburgh Monthly Journal of Medical Science.

Death following the Inhalation of Chloroform.—The following case is abridged from the narration by John Harrison, Esq., Senior Surgeon to the Bristol Royal Infirmary:

Jane Morgan, æt. 59, moderately stout, pale, but otherwise not of an unhealthy appearance, was placed under the influence of chloroform previously to attempts at the reduction of a supposed dislocation of the humerus forwards, the result of a fall eight weeks previously. Nothing in the general condition of the patient, or in the stethoscopic indications of the state of the thoracic organs, appeared to forbid the administration of chloroform. It was afterwards learnt that the patient had been subject to syncope. The anæsthetic was breathed from a cupped sponge, care being taken to ensure a due passage of atmospheric air. No food having been taken since breakfast, the patient commenced the inhalation of one drachm of chloroform at 2 P. M., in bed, under the superintendence of the house surgeon. Nothing unusual occurred during this inhalation. In about five minutes the inhalation of a second drachm was commenced. The chloroform was almost immediately withdrawn, as the patient's breathing became stertorous; immediately afterwards, the

pulse, which had continued pretty firm, was suddenly imperceptible, the respiration ceasing at the same time. The pupils were not dilated. Cold water, cold air, galvanism, artificial respiration through an opening in the trachea, were all promptly had recourse to without avail, a few convulsive movements of the muscles of respiration having been their only results. The post-mortem examination revealed extreme congestion of the lungs; the cavities of the heart were nearly empty; the blood fluid. The coronary arteries were dilated and studded with atheromatous and bony deposits. The muscular structure of the heart was pale, and in the right ventricle seemed, under microscopic examination, to have undergone incipient fatty degeneration. Other organs presented nothing abnormal.

It was found that a fracture of the humerus through the greater tuberosity had existed. The head of the bone lay in contact with the coracoid process, and to its inner side.

Association Journal.

Poisoning by Darnel Seeds.—The *lotium temulentum*, or darnel grass, when taken in sufficiently large doses, exerts a local action upon the alimentary canal, with remote action on the brain and nervous system. There is heat, pain in the stomach, nausea, vomiting, diarrhœa, followed by languor, loss of vision, ringing in the ears, and vertigo. There is, however, no recorded instance of their having proved fatal to man. (Taylor on Poisons, p. 745.) These effects have usually arisen from the accidental mixture of the seed with food grain. The following newspaper paragraph records an instance of this kind:

"The town and neighborhood of Roscrea was thrown into the greatest consternation on Christmas day, during divine service, by intelligence having been communicated to the police that several families had been poisoned by having eaten whole-meal bread at breakfast. Medical assistance was immediately rendered the unfortunate sufferers, when it was ascertained that they labored to an intense degree, under the violent symptoms produced by the seeds (flour) of the bearded darnel, rye-grass, commonly called ryley, which was mixed with the whole-meal. Over thirty persons received medical aid, and presented symptoms as if from intoxication. Remedies having been applied, on the following morning all the sufferers were found convalescent, but much debilitated."

Leinster Express.

To our Delinquent Subscribers.

Some two months ago, each subscriber to the "Stethoscope" was furnished with his account, and we *had hoped* long ere this, to have received their acknowledgment of the same by a speedy remittance of their dues. Still, MANY have not yet harkened unto our call, and to THOSE we would respectfully invite the perusal *of the bottom line on the first page of the cover*, commencing with the word TERMS.

Prize Essay.

At a meeting of the Medical Society of Virginia, held in April 1853, the following resolutions were adopted:

1. That a medal or some suitable testimonial, not to exceed fifty dollars in value, be awarded annually by the society for the best Essay upon some Medical Subject.

2. That a committee of three be appointed to examine all Essays that may be offered, and select the one worthy of such medal or testimonial.

At a meeting of the society, held in April 1854, on motion of Dr. Atkinson, it was resolved that the subject of the next Prize Essay should be *Pneumonia*, and the president of the society was directed to appoint a committee of three to award the premium.

In order to carry out the above resolutions, the president of the society has appointed the undersigned a committee to examine such Essays as may be offered on the subject of pneumonia. All communications must be addressed to the chairman of the committee. They must be accompanied by a sealed note, containing the name of the writer and bearing upon its face a motto corresponding to the one prefixed to the Essay.

Unsuccessful Essays will be returned, should the writers so desire. No Essay will be received after the first of March 1855.

All communications forwarded by mail must be prepaid.

DAVID H. TUCKER,
Richmond.
JOHN STAIGE DAVIS,
University Va.
JOHN J. THWEATT,
Petersburg.

April 22d, 1854.

REVIEWS, ETC.

Universal Formulary, containing the Methods of preparing and administering Officinal and other Medicines: The whole adapted to Physicians and Pharmaceutists—By R. Egglesfeld, M. D.—*Revised, extended, &c.*—By Robert P. Thomas, M. D.—*with Illustrations. Philadelphia: Published by Blanchard & Lea.*

We have received this work from the publishers, through Mr. G. M. West.

This is a very good compilation, having the formulary arranged alphabetically. This work will be preferred by many druggists and physicians to many of the new publications, because the nomenclature of the U. S. Pharmacopœia has been adopted; and it will be popular with many, because the *plain English names* of all articles of the materia medica are given, and instead of usual pharmaceutic symbols, the quantities of all articles used "are expressed in words."

This work also contains *explanations* of all the abbreviations, &c. used in writing prescriptions. The author of this work certainly shows by these innovations that he is well acquainted with the wants of the *medical* community and the kind of preliminary education which many medical students receive as well as the present low standard of education adopted and adhered to by our medical institutions. We predict a great sale of this work, and we especially recommend it to all *medical* teachers. For sale by Geo. M. West, under Exchange hotel. L.

BOOKS, ETC. SENT FOR REVIEW.

Clinical Lectures on Pulmonary Consumption, by Theophilus Thompson, M. D. F. R. S.—From Lindsay & Blackiston, through Geo. M. West.

The Pathology and Treatment of Pulmonary Tuberculosis, and on the Local Medication of Pharyngeal and Laryngeal Diseases, frequently mistaken for, or associated with, phthisis, by John Hughes Bennett, M. D. F. R. S. E.—From Blanchard & Lea, through Geo. M. West.

Griffith's Formulary.—From Blanchard & Lea, through Geo. M. West.

Annual Report of the City Inspector of the City of New York for the year 1853.

The Transactions of the Iowa State Medical and Chirurgical Society—third and fourth sessions.

On the Reputed Causes of Yellow Fever and the so called Sanitary Measures of the Day, by M. Morton Dowler, M. D., fourth district, New Orleans.

LIST OF EXCHANGES FOR JULY.

Dublin Medical Press. Boston Medical and Surgical Journal. Philadelphia Medical and Surgical Journal. New York Medical Times. The Medical Chronicle or Montreal Monthly Journal of Medicine and Surgery. Georgia Blister and Critic. New Orleans Medical News and Hospital Gazette. American Journal of Pharmacy. The Medical News. New York Medical Gazette. New York Journal of Pharmacy. Quarterly Homeopathic Magazine. Ohio Medical and Surgical Journal. The American Medical Monthly. The Southern Journal of the Medical and Physical Sciences. New Orleans Medical and Surgical Journal. Buffalo Medical Journal. American Journal of Insanity. New Hampshire Journal of Medicine. American Journal of the Medical Sciences. Nashville Journal of Medicine and Surgery. New Jersey Medical Reporter. American Lancet. New York Journal of Medicine and the Collateral Sciences. Medical Examiner. Southern Medical and Surgical Journal. The Southern Planter. The Southern Literary Messenger. Charleston Medical Journal and Review. Braithwaite's Retrospect.

THE

STETHOSCOPE.

THE PROPERTY AND ORGAN OF THE

MEDICAL SOCIETY OF VIRGINIA.

Edited by a Committee of the Society.

VOL. IV. RICHMOND, VA., SEPTEMBER 1854. NO. IX.

Contributions to Practical Medicine.

BY J. P. METTAUER, M. D., L. L. D., OF VA.

Acute Dysentery.

Case I.—Capt. W. æt. about 55, was taken with acute dysentery the 18th of August 1837; and I was informed by the family physician, that the attack was marked by intense suffering, as well as great acuteness of its symptoms, from the commencement. Dysentery had been prevailing in the family of Capt. W. for some weeks before his attack came on, and from what I learned, all of the cases were attended with very acute symptoms, so much so, as to require the free employment of the lancet in their treatment. I was informed that some of the first cases had proved fatal—perhaps two; and these unfortunate terminations created so much alarm with the family, as to induce them to call on me, from a distance, to attend Capt. W.'s case, as consultant. I found him extremely ill, suffering greatly, with very unusual tormina and tenesmal discharges, at so late a period of the disease, having been ill eight days when I paid my first visit; and the evacuations were passed as frequently as once in 15 or 20 minutes, and consisted of a mixture of exceedingly fœtid mucus, blood and pus, with, now and then, a very small

scybalous body. There was some tenderness of the lower part of the abdomen, under pressure, which was greatly increased by the strainings, during efforts to evacuate the bowels.

From the commencement of the attack, a most tormenting thirst existed; and during the last two or three days before my visit, the patient complained of "inward burning heat," as he termed it, which greatly distressed and alarmed him. He was exceedingly restless, and very much emaciated and weakened, to have been sick only eight days. The tongue had become dry within the last two days, and was disposed to crack along its middle, occasionally effusing a little blood. From the commencement of the attack, this suffering gentleman had slept very little, by reason of the frequent interruptions from his bowels. The bodily warmth was unequally diffused, the extremities being cool, while the abdomen, generally, was too warm. Altogether, I considered this an unpromising case, and expressed myself to the family to that effect. The early treatment of it, although antiphlogistic, and such as is generally pursued in acute dysentery, had utterly failed to ameliorate the symptoms in the slightest degree, and the case seemed evidently tending to an unfavorable termination. In the consultation, it was agreed to use pounded ice freely, as an internal refrigerant, chiefly, however, to correct the distressing internal "burning heat." We also determined to employ a combination of sugar of lead, opium and ipecacuanha, according to the following: ℞ Acet. plumb., ipecacuanhæ, aa, i gr.; gum op. ½ gr. Ft. pil. i. Administered once in five hours. Also a teaspoonful of prepared carbon, mixed in a wineglass of elm water, every third hour. Also 60 drops of laudanum, diffused in an ounce of starch gruel, as an enema, to be used once in twelve hours. We prescribed sinapisms to the extremities, and the free use of elm water, well iced, as the chief demulcent drink; and rice gruel, cold or warm, was the nourishment directed, taken in small quantities, not more than three ounces at a time, and after long intervals. This plan was carried into effect without delay. The effect of the pounded ice in relieving the burning heat was like magic. This distressing symptom never became troublesome after being appeased by the first portions of ice taken into the stomach, and it could always be anticipated by the ice, in time to prevent a return of it. Indeed, the patient experienced such marked relief from it in all respects, and craved it so earnestly as to induce him to use the remedy rather as a luxury. There never was the slightest reason to believe the tormina of the bowels were in-

creased by the ice. On the contrary, the patient, a very intelligent man, uniformly insisted that there was less griping after he commenced using the ice. The narcotic astringent pills and carbon very soon restrained the bowels, and altered the character of the dejections. The laudanum injections, at once, seemed to procure sleep, especially the one administered at bed time. In twelve hours from the administration of the first pill and dose of carbon, the discharges had diminished more than one half in number, had greatly improved in consistency, and had lost the fœtid odor entirely.

On the evening of the third day, after adopting this plan of treatment, the astringent pills were discontinued, but the laudanum enema at bed time, and carbon, were to be kept up.

After laying aside the astringent narcotic pills, it was determined to use, in place of them, the oleaginous mixture, prepared as follows: ℞ Ol. ricini, ℥ iss; tinct. op. camph. ℥ ij; gum arab. pulv. ℥ i; sacchor. purificat. ℥ ij. Aq. enough to form eight ounces of mixture. Of this, well shaken, a tablespoonful was directed to be taken three times daily. This treatment was kept up uninterruptedly for four days; after which time nothing was required but an occasional dose of oil when the bowels became rather tardy in their action; and restrictions on diet. In three weeks Capt. W. had so far recovered as to ride to a neighbor's house, some three miles distant.

Cases II. and III.—These attacks occurred in my own person—the first in April 1831, the second in April 1849, and were ushered in by the usual symptoms, both cases being exceedingly violent. The attack in 1831 occurred while I was some twenty miles from home on a professional visit, and was attended with symptoms of great violence from its commencement. The tormina and tenesmus were exceedingly severe, and the calls to deject occurred every fifteen and twenty minutes. From the first, bloody mucus constituted the discharges, passed in very small quantities, attended with thirst, decided fever, and a strong and accelerated pulse. In eight hours from the commencement the following preparation was taken: ℞ Rhei. pulv. ℥ ss.; calomel, ☉ ss.; aloes, gr. vii. Aq. q. s. to form a mass for pills.

In six hours this cathartic acted freely, causing considerable griping; and in nine, the commotion caused by it had terminated with the free purging of the bowels, and all of the dysenteric symptoms had entirely ceased. I used cold demulcent drinks, and pounded ice freely, without perceiving that the tormina were in the slightest degree increased by

them. On the contrary, I found that I suffered less pain from their use, and employed them more freely on that account. No other remedy was employed but the cathartic above described. With proper restrictions on diet, I was so far recovered from my attack, as to be able to travel home in two days, a distance, as already stated, of twenty miles, and in ten days I was once more on horseback attending to my practice.

The attack in 1849 came on very much as the one just described, and occurred, like it, while I was from home on a professional visit, about 31 miles distant. The symptoms were exceedingly violent, and caused me great suffering, and the kind friends with whom I sojourned much anxiety for my safety. This, too, was an attack of acute dysentery, as the attendant fever, excited and strong pulse, thirst &c. clearly indicated. I treated this attack with active purgation also, under the kind and soothing care of a brother physician; but the purgative employed was xx grs. of calomel, succeeded by 3 tablespoonfuls of oil some three hours after taking the calomel. The mercurial was taken about 20 hours after the first dysenteric symptom made its appearance; and in 30, the cathartic had purged me freely and the dysentery was completely relieved, nearly as much so as in the first attack. I used cold demulcent drinks and pounded ice freely in this attack also, and without discovering that they increased the tormina in the slightest degree. They certainly afforded me great comfort, and I indulged freely in their use, having long since discarded the unfounded prejudice against the use of refrigerants in this as well as other diseases.

I did not find it necessary to use any other remedy, and, as in the first attack, with proper restrictions on diet, I recovered so far by the third day as to be able to drive myself home in my buggy with very slight fatigue. In a week I was attending to my professional duties as usual.

Case iv. occurred with a negro man, æt. about 55 years, of vigorous constitution for that age, and in all respects had been very healthy previous to the attack; was also acute in its commencement, but, by reason of neglect and improper or rather inefficient treatment, it assumed characters exceedingly menacing; and, when I saw it on the 18th day for the first time, it was distinguishable by symptoms strongly indicative of approaching mortification of the colon and rectum. I found the pulse greatly enfeebled; the surface and extremities cool; intense internal heat; a dry, darkish tongue; sordes about the teeth; the breath fœtid; intense and incessant thirst; a kind of singultic eructation of frequent recurrence; great restless-

ness; frequent discharges from the bowels, in a great degree involuntary, dark and extremely fœtid, with occasional violent tenesmus, and some tympanitic distention of the whole abdomen, with tenderness over the region of the pubes. There was also a very decided tendency to delirium. Not the slightest appearance of fœces had been detected in the discharges for some six or seven days. The anus and parts immediately contiguous were tumefied and discolored, and here and there the cuticle was abraded, exposing darkish excoriations.

The treatment adopted in this case was as follows: A pill, composed of the following ingredients, was administered once in four hours: ℞ Cal. ii grs.; gum op. ½ gr.; acet. plumb. 1½ grs.; ipecac; ox gall, gum camph. aa, gr. i. Water. s. q. to make ii pills. The prepared carbon was given once in three hours, in teaspoonful doses, mixed in a wineglass of cold elm water. An enema of ℥j of thick starch gruel and L drops of laudanum were administered once in twelve hours, timing the remedy so as to give one injection at bed time. Sinapisms were employed to the feet, ankles and legs, in succession, until equable and sufficient warmth was restored, and an extensive vesicatory over the lower portion of the abdomen.

Pounded ice was taken into the stomach with moderate freedom whenever the internal heat became distressing, and cool elm water was used as drink. Rice gruel, prepared so as to become almost a jelly when cold, sweetened with loaf sugar, was the only nourishment used, and taken after intervals of four or five hours, and in moderate quantities.

For three days, this plan was faithfully continued. By the second day, the frequency of the discharges, as well as their consistency and fœtor, had essentially ameliorated.

The night after commencing the use of the enema, the discharges were diminished fully a third in number, and the patient passed comparatively a comfortable time. The rubefacients to the extremities and blister to the abdomen acted decidedly in restoring the animal warmth, which, after one application, remained equable and abiding. Abatement of the fœtor of the discharges, from the use of the charcoal, and of the internal heat by using pounded ice, indicated the first ameliorating changes that followed the treatment, and they were perceptible in a few hours after it was commenced.

By the close of the third day, the number of the evacuations had diminished more than one-half. On the fourth, the pills were only given three times; that is, morning, noon and night.

At my visit on the morning of the fifth, I discovered that

slight ptyalism had taken place, and I found my patient much better in all respects. He had only been disturbed twice during the previous night, and the evacuations then passed were comparatively healthy. From this period, only one pill was given at bed time for three days, with the double design of increasing the ptyalism somewhat, and still farther to guard the bowels with the narcotic astringent against relapse. After the 8th day from my first visit, and the 20th from the beginning of the case, I had the satisfaction to find my patient rapidly recovering, although considerably emaciated.

I only used, after this, occasional doses of oil, gently to correct the ptyalism, which had become quite active during the sequel of the treatment, with directions to resume the narcotic injections and pills, should there be any threatening of relapse.

The usual restrictions on diet in such cases were imposed, and the necessary cautions given against exposure. The convalescence progressed most favorably; and in four weeks the man was restored to health, except some debility, without the slightest mishap.

In this case, the pounded ice and cold drinks were freely used, and, as in the others, which have been reported, without increasing the tormina in the slightest degree. Even if they had temporarily done so, nothing more would have been effected than cathartics, almost invariably induce, when employed in the treatment of dysentery; and no enlightened physician of the present age would think of discarding purgatives on that account from his means in managing so formidable a disease as dysentery is universally conceded to be. The pounded ice and cold drinks never fail to relieve that most distressing symptom, internal heat, when it exists, and it is probable, without relief, cases distinguished by it would more frequently end unfortunately. The ice is *most* useful in the cases attended with distressing internal heat, and very possibly those are the examples in which it may fail to increase the tormina. I have often employed it also when internal heat was not complained of, as a means of appeasing thirst; and I do not remember to have heard a single patient say that it had ever increased the tormina, no matter how freely it may have been used. Should it cause pain, the very great gratification afforded patients laboring under a tormenting thirst would more than compensate for that effect. But the ice operates also as a decided sedative, and if it should cause temporary increase of the tormina, it would combat nevertheless the general as well as local phlogosis in more than a commensurate degree. The momentary increase of

the tormina of dysentery from any cause cannot, to any dangerous extent, augment the inflammation of the colon and rectum. Even if ice or cold drinks do produce such aggravation of the tormina, it must be transitory and of short continuance.

I think the fears entertained against the use of refrigerants in dysentery by some of my brethren are groundless, judging from my own trials of them in numerous instances; and I again commend them to the profession, not only as valuable, but safe auxiliary therapeutical means in treating that painful and dangerous disease, notwithstanding the condemnatory dissent of Dr. Upshur, in his paper "Hospital Practice," published in the 14th number of the Virginia Medical and Surgical Journal.

Surely a large majority of upwards of 300 cases of dysentery treated by myself, in which ice and cold drinks were freely used without injury, is a strong argument against their pernicious operation in that disease as a general effect.

In the first case of dysentery reported in this paper, although considerably advanced when the pounded ice and cold drinks were used, nothing unfavorable to the condition of the patient resulted. On the contrary, he was relieved of a most distressing and alarming symptom by them, to wit: internal burning heat, and in other respects was greatly comforted and benefited; and this was a case in which refrigerants would be most likely to operate prejudicially, because of the debility of the patient when they were commenced with.

In the early or inflammatory stage, before the energies of the system have become exhausted, refrigerants would not be likely to depress the vital powers to a dangerous extent, and they would also act beneficially in combatting inflammation and its attendant fever—while in the latter or depressing stage, they might increase the depression, and in that way endanger, which is the only mode by which they could possibly produce injurious effects in any disease.

In the second and third cases, refrigerants were used in the early stage, while the symptoms were decidedly acute, and with the effect of appeasing thirst, but without, in the least degree, increasing the tormina. These attacks were promptly relieved by free purging, and only one cathartic was required in each case.

With the fourth case refrigerants were employed also, and without the slightest increase of the tormina, or any other untoward effect following, although the patient had become greatly prostrated, and strong threatenings of mortification had manifested themselves.

The recovery of this patient was mainly due to revellents and the prompt induction of ptyalism. It is true, great relief was experienced from the laudanum and starch injections, as well as from the narcotic astringent pills and carbon. But, from the first appearance of the salivation, the amelioration of the symptoms was most strikingly displayed. The carbon should never be omitted in the treatment of dysentery, especially when the dejections are fœtid. Besides its power of correcting the fœtor of the contents of the bowels, it also exerts restraining and secerning effects. It is often the case that free and comparatively feculent dejections make their appearance after several doses of carbon have been taken.

The four cases of dysentery reported in this paper may be regarded as a fair epitome of the disease, as I have observed and treated it.

By reason of the delay in calling in medical aid in country practice, the largest proportion of my cases were treated as in cases 1st and 4th. The treatment adopted in cases 2d and 3d, however, has been repeated sufficiently often to establish its efficiency and entire safety, as fully a tenth of the whole number treated was of the latter description.

Prince Edward C. H., Va., August 8th, 1854.

An Enormous Tumor on the Vertex of a Child's Head, at Six Weeks old, cured by Simple Puncture.

BY DR. T. G. GARDEN, WYLLIESBURG, CHARLOTTE, VA.

A gentleman and lady brought a child to my house in the summer of 1851, to get our opinion of the nature and character of a tumor, situated on the vertex of an infant, at that time about six weeks old. The accompanying cut or diagram will convey a very accurate idea of the grotesque appearance of our little patient. The two diagrams are mere outlines of the figure and form of a head before parturition, taken from Moroe's plates. The one will represent the relative proportions between the size of the head and tumor before the cure; the other afterwards. The figure and situation of the tumor are, we think, beautifully delineated, being bell-shaped.

The child was a prima para, and we were informed the tumor in its inception was of very inconsiderable size, and had existed from its birth; in medical parlance, it was congenital. The parents had sought advice early, but the tumor

continuing to grow very rapidly, it was judged best to get our opinion, having grown as big as a large sized cocoa nut in six weeks.

The child was well formed and well developed otherwise. Its features were symmetrical; it was hearty, grew finely, and had all the marks and indications of fine, vigorous health, for one of its tender age. The tumor was represented as giving no indications of pain; elastic to the touch; had a covering of hair just as other parts of the head, with an unctuous feeling, as though a sebaceous matter was constantly exuding through the follicles of the skin. The tumor was situated over the vertex, inclining to the right, and covering in its extent part of the occipital, the entire right parietal, part of the temporal, parts of the os frontis and left parietal bones.

We discovered, during this short interview, the parents had been told the tumor probably contained brain, hernia cerebri. We readily disabused their minds on this point, by a few simple arguments and illustrations, if indeed their own reasoning and inferences had not already done so. We gave it as our opinion, the tumor had no connection with the brain, but was entirely external to the bony casement as well as its lining membrane at the posterior fontanel, and that an operation was necessary—indeed, the only step we could advise, as such a tumor could neither be removed by any local applications or constitutional remedies.

We were of opinion it was an encisted tumor of the skin, involving the cellular membrane, so frequently seen upon the head, face, upon the back, and occasionally, though less frequently, on other parts of the body.

With regard to the pathology of such tumors, we believe they are supposed to originate in, or arise from, a follicle very much enlarged, and incapable of discharging its contents from an obstruction of its orifice by which it opens upon the surface of the skin, these glandular pores being found in great numbers about the head and face. This will account for the greater frequency of such tumors about these parts. Pressure, thereby obstructing the orifices of these follicles, would, as might very naturally be inferred, frequently produce these swellings; and hence, perhaps, their greater frequency about these parts; and hence, perhaps, too, their frequency on the scalp of the new born babe.

It seems almost impossible that so small a pore as a mere follicle of the skin should become so increased in magnitude, but other membranes expand to still greater comparative size. We have seen it recorded somewhere of an ovarium, which

would not contain within its membrane more than 2 drs. of fluid, being so expanded as to contain 97 pints.

A few days after our examination, we visited the child for the purpose of laying open the tumor its whole length by a simple incision and excecting its sack; but, meeting with some obstruction at what appeared to the parents such a cruel and savage operation in so young an infant, we determined to puncture it, at their suggestion, with a common thumb lancet. We had therefore, idly as we thought, without any care being taken to obliterate its sack, to puncture it at its most dependent part, as it lay on its back in the lap of a female assistant, with a thumb lancet. This was to us a very simple mode of procedure in a tumor of such magnitude; for we knew that timid and irresolute sentiments on the part of a surgeon, in relation to tumors, often bring those who seek his advice into desperate circumstances, as well as reproach upon himself. The opinion once extorted from us, as it were, that a simple puncture might perhaps suffice, was too flattering to the fears of parents and relatives, not to be received and acted upon. If a puncture is made in a tumor containing fluid, the patient and friends become the more credulous always, since the tumor disappears, but it returns again and is again punctured. Such was the result in this instance; and if it had been seated in a glandular part, after such a trivial and temporizing method, the basis might or would probably have hardened into a solid tumor, and then no proceeding or operation whatever would prevent its continued growth.

The contents being superficial, the puncture was about as simple as bleeding from a vein in the arm. The fluid contents discharged were of various colors and consistence. The first exit was inodorous, and resembled sweet oil in color and consistence. A sebaceous matter, a fluid resembling wedge-like portions of coagulated blood, and a fluid resembling gruel or meal and water, with a discharge varying from a thin sanies to a well concocted secretion of pus, flowed alternately. The various fluids discharged gave rise to an inference they belonged to distant cells; still in a few days the tumor disappeared, and the walls collapsed, but to return again.

The small opening now closed, and its contents reaccumulated to half its original size. Another puncture again gave exit to its contents a second time; and upon its again closing, a third opening, by slitting the tumor about an inch in extent, now remained open until in process of time, by means of injections of iodine, sol. nitras. argenti, a healthy suppurating process was established, the sack was destroyed by ulceration or in some other mode, and the cure was complete.

The general health of the child never suffered a moment, that we know of, from first to last, during the process of obliteration, reparation and final cure, embracing a period of over three months.

Our reading furnishes us with an account of but one other tumor of the same kind, of as great size. This case is given by Sir Ashley Cooper, and sprung from the vertex of a grown man, who kept the house called the Six Bells, at Dartford.

Every new operation or mode of procedure in such cases will afford to others some new rule of surgery, while it will prove to ourselves a source of instruction, for the various lessons which we derive thus from experience, are such as no conjecture or previous study of the parts will enable us to anticipate.

When we are consulted what is to be done in any particular case of tumor, we are in other terms called upon to prognosticate what will be our patients' condition at the distance of one or two years, or as happened in the case of our little patient at the end of six weeks; and our prognostic in the early stage of such tumors, may be safely grounded on this unquestionable assumption, that such a tumor will not fail to grow, and that in a short time its deformity and bulk will be a motive if not an absolute reason for operating.

We should, therefore, never deal in the usual temporizing language in such cases, but an early resort to the knife should be had in all tumors of doubtful or suspicious character. We consider this a safe and a sound rule of surgical practice.

We regret our inability to furnish cuts of the well executed representations of this child's head both before and after the operation. Upon the establishment of this journal, such a hue and cry were made about debt and expenses, that we have felt indisposed to take any step giving foundation to such objections.

We hope this delinquency will be provided for hereafter.

We take the liberty to say, that Doct. Garden is a veteran in the profession. We are glad to know that he still prosecutes it with the zeal of a first love.

He has attained eminence as a practical physcian, by force of his own will, despite the hindrances of a very feeble physical constitution. His contributions to medical literature have been recognized by several standard authors.

We believe he was the first to call attention to the medical virtues of the actæa racemosa.

Supra Pubic Puncture of the Bladder for Retention of Urine.

BY J. ALEXANDER WADDELL, M. D., STAUNTON.

G—e G—n, whose case is the subject of this communication, is one of our oldest citizens—above 70 years of age, and a man of regular habits and good constitution.

For the last five or six years, he had experienced inconvenience at times from dysury, but had never suffered from entire retention until the day previous to my first visit, which was on the 10th of May 1853. I found him then in an agony, with his bladder greatly distended, and a slight dribbling of urine at the mouth of the urethra. In the full confidence of affording relief, recourse was immediately had to the catheter. To my surprise, upon examination of the parts, the scrotum was enormously enlarged, and the penis contracted and drawn under the pubis. This scrotal enlargement the patient ascribed to the existence of hernia, a slight examination of which satisfied me was without foundation, as the ring of the abdomen was unobstructed. But as the distended bladder was the most pressing symptom, an attempt was made to introduce the catheter. The patient was very sensitive, and complained much at our endeavors to surmount a stricture an inch and a half beyond the glands. This being overcome by gentle and continued pressure, another was encountered, anterior to the membranous part of the urethra. Having in like manner passed this barrier, on arriving at the neck of the bladder, I was entirely foiled in every attempt with the various catheters in my possession, to penetrate the bladder. He was now bled from the arm, and directed to use the warm hip bath and the tincture opii. freely, both by the mouth and injection.

On visiting him the next day, I was accompanied by my father, Dr. Addison Waddell, who united with me in persuading the patient to permit another effort with the catheter. Catheters and bougies of various sizes and kinds were resorted to without success, and no advantage gained, by directing the point of the instrument by the finger in ano.

The patient continued nearly in the same situation for six or seven days, obstinately resisting all persuasions for further attempt with the catheter, or a puncture of the bladder—thinking that as his sufferings were much mitigated by opium, and there was a constant dribbling of urine, time would effect a cure.

On the eighth day from our first visit, under a conviction that he would only live a few days longer in this situation, we insisted strenuously upon an operation, as the only means of relief, assuring him it would not shorten his life, and was his only chance of escape from impending death.

He finally gave his consent, and the question arose, which of the two operations we should perform—that above the pubis, or through the rectum. Having ascertained, by a previous examination, that the bladder could be reached beyond the prostate, and as this part, for obvious reasons, has been so generally preferred in the absence of disease of this gland, we immediately proceeded to the operation through the rectum.

The patient was placed in the usual position, and the index finger was carried up the rectum, which occasioned considerable pain, as he was suffering from piles. Having reached the bladder at a suitable distance, the curved canula and trocar were passed upon it to the cystic tumor, and was thrust into it, as we supposed, with a force quite sufficient to penetrate it, but was surprised at the absence of any sensation of entering a cavity. When the stilet was withdrawn, a few drops of blood only flowed from the canula. It was then removed. We thus had the mortification to find our efforts a failure.

And here let me remark, that after the most mature consideration of all the circumstances, we feel at a loss to account for the want of success. I am persuaded it could not have been from the want of an adequate force applied to the instrument. Could it be ascribed to the conjested state of the rectum, and the thickness of some intervening substance?

Affording no relief by the rectum, we immediately resorted to the supra pubic operation, which was performed in the usual manner, making our puncture very little more than an inch above the pubis. A gush of urine followed the removal of the trocar, to the great relief and evident delight of the patient.

After drawing off more than 2 quarts of water, we stopped the mouth of the canula, bringing the wound together by adhesive plaster, and applied a bandage so as to support the abdomen and confine the instrument. Large anodynes were administered, and quietude, &c. were enjoined.

The next morning we found him in a very comfortable situation and without a bad symptom, after a good night's repose. A large quantity of water was again drawn off, and the same treatment in other respects was observed as before. Several days passed away, varied only by occasional laxative injections, which had the desired effect; and to our high satisfac-

tion, the evils of inflammation and infiltration, so fearfully depicted by some writers, had not supervened.

The catheter was now tried again, with the view of closing the abdominal aperture, but the same insurmountable obstacles existed as before. As there was no reason to hope now for relief by the natural channel, and having retained the canula until consolidation of the parts had taken place, we had a much shorter silver tube, with shoulders, so constructed as to pass through the opening, and adapt itself to the parts concerned. The incision healed kindly, leaving only a circular opening through which the tube was inserted. The patient, by means of a stopper, could evacuate or retain his urine at pleasure.

His situation did not forbid a moderate degree of exercise; and the 4th week after the operation he was seen frequently on the street.

Seven weeks from the time I first saw him, he sent for me, and on my arrival informed me that he had passed a few drops of clear urine through the urethra. I then prevailed upon him to allow another trial with the catheter, and after much difficulty succeeded in passing into the bladder a very slender silver catheter.

Having been struck on this and former occasions with the tortuosity of the urethra, I could not but think that the scrotal tumor had the effect of distorting the canal, and adding at least to the difficulties heretofore experienced.

This view being entertained also by my father, with the view of gaining some information of its character, and of adopting some means for its reduction, we made an incision of exploration into the scrotum, which was of a pyramidal form and somewhat œdematous. The incision was extended several inches, and quite through to the tunica vaginalis. Between the skin and that membrane, there was a dense fibrous tissue at least an inch thick, from which exuded a serous fluid. On opening the tunica vaginalis, about 2 ounces of a more limpid fluid were discharged. The testicles were free from disease.

The edges of the wound were then drawn together by adhesive straps. The wound continued to discharge for some time, with an evident diminution of the tumor. But even now, the latter is of such a size as to require a suspensory bandage.

The urethra became more and more pervious to the urine; and in a few months he could pass his urine freely from it. A favorite expression of his at this time, when meeting a friend, was, that he could "now p— as pretty as any man."

Feeling fearful lest an obstruction should again visit the parts, the old man has, up to this time, refused to have the artificial opening closed, and esteems himself fortunate in having two channels for evacuating his water.

What is a little singular, there is no involuntary dribbling from either orifice, and his health and activity are unimpaired.

Observations on Epidemic Cholera.

BY G. A. WILSON, M. D., RICHMOND.

I shall not attempt, in this paper, a systematic treatise of this fearful malady. Our medical literature abounds in graphic descriptions of it; and faithful portraitures have been drawn all along its desolating track, from its jungle nativity in the east and throughout the western hemisphere.

I only propose a record of such practical reflections as have continually forced themselves upon my own mind during the present epidemic.

My first remark is, that assaults of the disease have been UNIFORMLY preceded by certain premonitory symptoms; or, perhaps to speak more correctly, it has not presented itself, at once, in all its unmitigated ferocity, striking down its victims by one fell swoop "like a flash of lightning from a cloudless sky;" but that it manifests its approach by certain symptoms which are parts of the malady itself; and thus betrays an embryo existence, however rapid and insidious the transition from this state to that of giant strength and malignancy.

Whenever I have seen a case of cholera in its latter stages, I have been very particular and cautious to ascertain the facts on this point, and without a solitary exception, was informed by the patient or friends, that the violent symptoms had been preceded by certain disorders of the digestive functions and alimentary canal, the extent of these disorders varying in different cases, usually so slight as not to excite apprehension, and lasting from one to three days.

As far as I have been enabled to confer with other medical men here, their observations concur entirely with the above. I would not, however, be understood as denying that under some circumstances, in a few rare instances, the cholera poison may be so concentrated and virulent, or the system so susceptible to its action, as that all the stages may be, as to point of time, apparently merged into the one fatal stroke. From what we know of the action of other poisons, and of results

in other epidemic diseases, we rationally admit the possibility of such occurrences; but, as has been stated, no such case is believed to have occurred here during the present season.

If the above observations are admitted to be correct and applicable to visitations of the disease generally, the incipient and successive stages of the cholera poison are fraught with the greatest interest. All of its morbid phenomena in all of its stages and degrees, are worthy of the closest scrutiny.

These stages are generally overlooked by the unobservant classes of persons, most usually the victims of the disease; persons who are governed by their own deceptive sensations alone, without any knowledge of the action and insidious approach of cholera poison. The practitioner is too often not called upon, or his services not procured, until the last and fatal stage has arrived. He, perhaps, is thus led to overlook the embryo, manageable stages of the disease, and to regard the phenomena presented by the unchecked ravages of a subtle poison, which has overwhelmed or perverted every organic function of the body, as necessary and inseparable ingredients in every genuine case of cholera. He may thus discredit the incipient stages, the only season of grace and of the hopeful interposition of remedial treatment.

His mind is vainly racked for the discovery of some heroic expedient by which the victim may be rescued, who has already the stamp of dissolution impressed upon him.

Such views are prolific of evil; they beget panic and distrust and paralysis of effort; they engender the errors of the fatalists, and that line of conduct which results from such views; they are at variance with the phenomena of other epidemics, and the analogy of other poisons, vegetable, animal and mineral. It would be equally as philosophical to deny the name of malarial fever to all of its varieties but the intense specimens of the tropics, or to limit the action of its cause to the development of the regular periodical febrile movement; to ignore all cases of small pox and scarlatina, but their confluent and malignant forms; to disallow all the effects of opium, mercury or arsenic until their toxicological effects are manifested; or to maintain that the colic symtoms called colica pictorum are the only morbid manifestations of lead poisoning.

In regard to the symptoms produced by the application of the cholera poison to the human system, one remark may be made applicable to the whole of them in all of its stages. These symptoms differ in no appreciable particular, from those manifested by the implicated organs from the application of the ordinary trivial causes of derangement.

The general malaise and nervous depression, together with disorders of the stomach, constituting the first links in the chain of morbid action, are apparently identical with those which may result from an ordinary indiscretion in diet. The same remark will hold good with reference to the more advanced periods of the disease.

It is this feature; this want of peculiarity; this lack of features sui generis, especially in the earlier stages, which leads to neglect and inattention; thus lulling to a fatal security, and thereby frightfully swelling the lists of cholera ravages.

In attempting to describe the symptoms of the incipient stages of the cholera poison, I shall only record such as I have observed in patients who have passed under my own eye into the more advanced, matured and generally recognized stages of the disease.

I have already referred to the general nervous depression and malaise, noticeable on the advent of epidemic cholera.

The first local manifestation of derangement seems to be in the functions of the stomach. They are varied in kind and degree, embracing those usually included in the term indigestion, from anorexia with depraved appetite, with some nausea, flatulence, and more or less epigastric pain, with precordial tightness and sense of oppression. This, the first stage of cholera poison, which may be termed that of choleraic indigestion, usually lasts from one to five days. It is usually overlooked by that class of persons most frequently the victims of the disease, who are not in the habit of attending to slight disorders, and who are accustomed to just such symptoms from indiscretions in diet.

During the existence of this stage the bowels are rather constipated, although there is much rumbling commotion. This is rather a striking feature during the season of epidemic cholera. One class of patients with troublesome diarrhœa, and another with constipation. On examining the records and daily registers of the hospital connected with the state prison, I find this fact strikingly exemplified. During some weeks the number of admissions for choleraic diarrhœa and constipation of the bowels were nearly equal. As these daily records have been obligingly subjected to my examination by the officers of the institution, (which has now for the third time been visited by cholera,) the sanatory state of whose inmates is a matter of daily record and weekly report, and whose whole hygienic condition is subject to medical direction, I shall draw from these records such facts and inferences

as seem to throw any light on the habitudes of the cholera poison.

The second stage is that of diarrhœa. Like the preceding, there is no distinctive feature characteristic of the choleraic diarrhœa. The discharges are serous, containing in solution the feculent contents of the bowels, most usually unattended by pain; but sometimes there seems to be a mixture of dysentery and diarrhœa, the discharges sero-mucus and sero-muco-sanguinolent, with smart tenesmic effort. I recollect a marked case of this sort, in which the symptoms apparently yielded to treatment: the patient was dismissed, but, contrary to orders, went to work in the sun, using ordinary diet. In two days the symptoms recurred with great violence, and had a rapidly fatal termination; but most usually, the bowel affection appears a simple diarrhœa, the dejections becoming paler and more transparent, until they assume the *rice water*, or milk and water appearance. The duration of this stage seems to be from one to three days' in a majority of cases, but greatly modified by the habits and conduct of the patient. As to severity, the symptoms are usually very mild, and sensations of the patient deceptive and unreliable as indices of his condition. They often express themselves as feeling relief from the supervention of diarrhœa. Hardy laborers, the special class of victims, seldom of their own accord relax from their duties on account of it, until stricken down by the advent of the *third* stage, when they are said to have the cholera.

In addition to the diarrhœal symptioms, we now have usually vomiting—first, of ingesta, and then of whitish serous fluid. There is great vital depression and loss of muscular power, usually with cramps of the muscles of the abdomen and extremities. The patient is restless and anxious, the circulation sensibly affected, all the natural secretions arrested, the normal avenues of elimination closed; still there is nothing pathognomonic of the cholera poison in these symptoms. This stage is of shorter duration than the others, but any one witnessing its phenomena for the first time, would not be prepared to expect the event which so rapidly ensues. The capillary circulation becomes more imperfect, aeration of the blood fails, the vital process of calorification is suspended, and the propelling power of the heart and arteries becomes too feeble for its sluggish and doubly poisoned and poisoning steam. The surface cold, blue, shriveled and shrunken, is bedewed with clammy fluid; the tongue and breath sometimes of icy coldness; the voice a feeble, hoarse whisper; the patient is in a state of stolid indifference, with this exception,

his intellectual functions are intact. These symptoms being fully developed, constitutes the *fourth* or collapsed or asphyxiated stage of cholera. No arterial action can be detected in the extremities, and the respiratory movements become feebler and feebler. This stage may be partial or complete. In the latter, the patient is already dead, as far as all the great organic functions of the body are concerned. The nevre centres which preside over them are overwhelmed, the streams of innervation arrested; he only lives partially and for a brief span in his life of relation or animal functions.

It will be observed of this stage also, that there are no morbid manifestations which can be considered as pathognomonic of the cholera poison. The writer has often witnessed apparently the same phenomena in the intenser forms of malarial fever, and occasionally in scarlatina and measles, and their almost equally rapid supervention. The development of the last stage seems in no way to depend on the amount of the diarrhœal discharge. Some of the most rapidly fatal cases are those in which the profluvia have been moderate.

The consideration of the pathology and mode of action and propagation of the cholera poison presents a tempting field of investigation and speculation; but these branches of the subject are beyond the limits prescribed for this paper.

Where there are no boards of health or sanatory reports, it is difficult to arrive at any correct estimate of the ratio of population notably impressed by a reigning epidemic. This difficulty is especially great with the cholera poison, whose incipient stages can in no wise be distinguished from those of the most common place causes.

But facts will show that an immense proportion do not proceed beyond the stages of choleraic indigestion or diarrhœa. Its farther development is modified by different degrees of susceptibility to its action in different patients, by their general hygienic condition, as well as the dietetic and medical treatment, which may be interposed after the manifestation of the first stages of the disease. I am aware that it may be objected, that there is no proof that these cases would, under any circumstances, have passed into the collapsed stage. But this objection is successfully met by the well observed fact, that an immense proportion of the fatal cases are preceded and accompanied by the symptoms of the first and second stage above described.

I can percieve nothing at variance with rational probability, or every day experience, in the supposition that the cholera poison may affect the human system in different degrees; and under the influence of proper hygienic and remedial measures,

may be safely eliminated therefrom before it has accumulated in sufficient quantity to do fatal damage, or before it has excited that train of morbid actions which almost enevitably result in death. A blighted, miscarried, cast-off ovum does not invalidate the fact of conception.

In order to obtain correct data upon these points, the subjoined table is drawn from the daily hospital register of the state prison, by permission of the surgeon, Dr. F. W. Roddey.

This institution is well ordered in all respects, and its sanatory state the subject of the daily inspection and weekly report of its medical officer. Every convict is subjected to the constant supervision of the overseers in the different departments. Having been in attendance myself a portion of the time during the absence and sickness of the surgeon, many of the facts came under my observation. It was not the habit to rely upon the statements of the patients as to the character of the discharges. They were submitted to the inspection of the medical attendant.

Early in the month of June, cases of serous diarrhœa became frequent among the convicts, the number constantly increasing, and becoming more obstinate, attended with relapses and readmissions. The first case, running into fatal collapse, occurred on the 22d June, having been preceded a day or two by symptoms of the incipient stages. From the 1st to 15th July the disease reached its acme; during which periods, sixty-one cases were admitted, twenty-eight with active symptoms of what I have described as the third stage of the disease. From this period the number of cases almost as suddenly and rapidly diminished. From the annexed table, it will appear that only three cases were brought into the hospital in a state of complete collapse. Two of these are known to have had the diarrhœal stage of the disease; but either from ignorance or indifference, remained in their cells during the night without giving notice of their condition.

I think it is fair to conclude that the small average of mortality is mainly due to the promptness with which efficient medical aid was afforded, one of the prisoners being an intelligent physician, who zealously carried out the directions of the official surgeon.

Table showing the Number of Cases of Cholera, (with the Stages of the Disease at the time of admission and termination,) admitted into the Hospital of the State Prison during the Epidemic of 1854. *Attending Surgeon, Dr. Roddey. Number of Convicts in Prison,* 320. *Number of Cholera Cases,* 128—*as follows:*

Date of Admission.	Whole Number Admitted.	DIFFERENT STAGES OF DISEASE.			Recovered.	Died.
		Second Stage—Diarrhœa with Serous Discharges.	Third Stage—In addition to the symptoms of the first, Nauseau, Vomiting, Abdominal Pains, and Cramps, with marked symptoms of Vital depression.	Fourth Stage—Collapsed.		
From 1st to 15th June, -	16	15	1	0	16	0
To 1st July, -	25	22	3	0	24	1
To 15th July, -	61	32	28	1	59	2
To 1st August,	26	22	2	2	24	2
	128	91	34	3	123	5

In the treatment of this disease, from what has gone before, the reader will readily perceive that I rely more on measures preventive than curative.

By measures of timely care and precaution, giving heed to the warning of the incipient stages, in an immense proportion of cases the growth and development of a monster may be thwarted, which no fetters can bind.

In the language of the distinguished Dr. Fenner of New Orleans, "it is the most curable of all fatal maladies, IF TAKEN IN TIME, and one of the most INCURABLE if suffered to run into the stage of collapse."

As there is nothing peculiar in the symptoms of the incipient stages, so there is no known peculiar therapeutical agent adapted to these stages. Each symptom of the choleraic indigestion must be met upon general principles. But the most rigid self-denying dietetic rules must be enforced. The instances in which violent symptoms have promptly followed indiscretions in diet, are too numerous to be classed as coincidences. What may be prudent under ordinary circumstances, may not be so when the system is under the influence of cholera poison. The only safe rule is to regard every disorder of indigestion as occasioned by this poison during epidemics. The same general principles are applicable to the diarrhœal stage of the disease, in which my own observation leads me to place less and less confidence in astringent

and opiate treatment. Where this class of remedies has been mainly relied upon, disappointment has been almost an uniform result, and relapses common. But my confidence in the calomel treatment in this and what I have described as the third stage of the disease, has been strengthened in the same proportion, which should be graduated, in accordance with the urgency of the symptoms. In these stages, if timely interposed and boldly pressed, it will seldom fail to avert the catastrophe of collapse. Under its use, the transparent or rice water evacuations are arrested. I seldom prescribe for an adult more or less than ten grains every hour, when the symptoms are urgent. These doses to be repeated until the discharges are arrested or changed in character. Usually, after the administation of the fourth or fifth dose, the bowels become quiet, and remain so for 18 or 20 hours, when bilious evacuations announce the safety of the patient, and usually put a period to the necessity of farther medical treatment.

The mercurial has constituted the basis of treatment with our practitioners generally—different adjuvantia being brought into requisition, according to a difference in fancy. Ice is usually most grateful: where there is nausea, a mustard emetic is often a source of relief, in addition to the advantage secured by emptying the stomach of crude ingesta. Sinapisms and dry cuppings with large tumblers, are often of service.

In all of the earlier stages, absolute rest in the recumbent posture, cannot be too rigidly enforced. Perhaps the fatal development of malignant symptoms, can more frequently be traced to undue exertion and exposure to the sun, during the incipient stages, than all other causes combined.

In searching for the facts to be drawn from the records of the hospital of the state prison, during its different epidemics, I find an incident worthy of narration, which strikingly enforces this idea. On one of these occasions, and at the commencement of the epidemic of 1832, one of the convicts escaped from the officer having him in charge, and ran to the nearest wood. Five soldiers of the public guard were despatched in pursuit. After a hot chase of several miles, they captured the fugitive, but, on returning to the prison, four out of five of the soldiers were promptly seized with cholera, which proved fatal to all of them.

By the timely interposition of the above measures, remedial and precautionary, the stage of collapse may be avoided, it is believed, in almost every instance. Where it is complete and fully formed, all the artillery of medical expedients will vainly be brought to bear. Out of some two hundred cases

in this city and its suburban villages, which reached this stage in the present epidemic, I have not been able to hear of a single case rescued from death.

The consideration of the more chronic action of the cholera poison in the development of low and anomalous forms of fever, is beyond the scope of this paper. This action is now beginning to be manifested in our midst.

From the annexed table, drawn from the daily register of the state prison hospital, it will appear that of the whole number of convicts, forty-three per cent. were so far under the morbid effects of cholera poison, as to require hospital treatment.

This is doubtless a larger average than is applicable to the same number of persons, under circumstances more favorable to general health. Of the whole number thus affected, only about four and a quarter per cent. passed into the collapsed and fatal stage. This is not a large mortality for any general epidemic.

No more striking proof could be given of the value of constant watchfulness and early treatment in this dreaded scourge. Is it not reasonable to suppose that the same system would insure still more favorable results in a better and more favorably situated class of persons?

An instructive lesson may be drawn from the consideration of the general class of persons, who are the victims of cholera. Its ravages are by no means confined to the destitute, the debauched and the constitutionally feeble. Hardy, athletic laborers, accustomed to hardship, and able to bear it, are in a much greater proportion its victims. This is the very class the least prone to notice or use precaution in the incipient stages.

Whilst, then, general measures of cleanliness and ventilation are of paramount importance in mitigating the epidemic influence, there is another element of safety even of greater importance, and this is to impress the minds of the public with the truth, *that during the prevalence of the disease, every man's fate depends upon his own personal measures of precaution and prudence.*

Much has been said and written with regard to the special affinity of the cholera for those who make intemperate use of intoxicating beverages. Whilst I have no desire to weaken the force of these teachings, it is nevertheless true, that the development of violent symptoms can even more frequently be traced to excesses and errors in eating.

> "Some, as thou sawest, by violent stroke shall die
> By fire, flood, famine; by intemperance more
> In meats and drinks, which on the earth shall bring
> Diseases dire."

Medical Society of Virginia.

The Medical Society of Virginia being now established, as we hope, upon a firm and solid foundation, it may not be uninteresting to the profession to offer a short account of its early history and of its subsequent progress.

By reference to the records which have been regularly kept, it appears that a meeting of the physicians of Richmond and Manchester was convened on the 15th day of December 1820. They were seventeen in number, four of whom only remain to recall to mind the proceedings of that day. After appointing the committees necessary to effect a proper organization, they adjourned to meet again the following month. Previous to adjourning, however, they formed themselves into a society, "to be styled the Medical Society of Virginia."

In January following, the society re-assembled. Other gentlemen were proposed and elected members, after which the election of officers took place. The venerable Dr. James McClurg was unanimously chosen its presiding officer. Although too far advanced in years to take part in the deliberations of the society, yet did its members think this mark of respect justly due to him, on account of the exalted position which he had occupied among them, during many years of his useful life. It does not appear that he ever occupied the chair as presiding officer. This duty devolved upon Dr. Henderson, the senior vice president.

After the election of officers, the committee, formerly appointed to draft a constitution, made its report. As we do not remember to have seen the preamble in print, and as it serves to show the necessities of the profession in Virginia at that early day, we shall doubtless be excused for transcribing it for the perusal of our readers.

"Considering that the science of medicine occupies a distinguished rank in the circle of the liberal arts and sciences, and that its advancement is intimately connected with the happiness and prosperity of every well regulated society: that the good people of this commonwealth have heretofore

suffered great inconvenience and injury from an almost exclusive dependence on foreign institutions for instruction in the principles of this essential branch of knowledge: that the character and best interests of the state require that the evils of such dependence should, as far as possible, be removed, by the introduction of institutions of our own; and that an association having in view this object, long so highly prized and so anxiously expected by its liberal minded inhabitants, is now deemed practicable: a number of the members of the medical profession have formed themselves into a society, and for its government have adopted the following constitution."

Judging from the preamble here introduced, it is fair to presume that our predecessors contemplated, at some future day, a course of lectures on medical subjects, although no subsequent steps seem to have been taken towards the accomplishment of this end. So earnest were they, however, in the prosecution of a work which they believed beneficial to the interests of the profession and of society, that a committee was appointed "to publish an address to the physicians and surgeons of the state of Virginia, the object of which shall be to inform them of the formation of this society, and its views, and designating the conditions on which members are admitted."

By-laws were of course enacted, and various resolutions, applicable to their then condition, were adopted. In order to show the holy horror which the profession has always entertained in regard to patent medicines, we will insert the resolution on this subject:

"Resolved, that no person holding in part or whole any patent for medicines, or remedies for diseases, shall be eligible to a seat in this society; and any member who may hereafter become interested, directly or indirectly, in any such patent, shall thereby absolutely forfeit his seat, and the word 'expelled' written opposite his name in the record book."

The author of this resolution still lives.

An essay was read at every meeting of the society after its

organization, and it became the subject of discussion for the evening.

In December 1821, Dr. McClurg was re-elected president. No matters of general interest appear to have been transacted until the following year, when, under the presidency of Dr. William Foushee, a resolution was adopted, appointing a committee to obtain from the legislature an act of incorporation. An application was made to that body, but it does not appear at that time to have responded to the prayer of the petitioners.

In the month of May 1823, the subject was again brought to the notice of the society, and a committee of five was subsequently appointed to "draft the form of an act of incorporation of this society, to be presented to the next legislature of the state." Dr. Henderson was placed at the head of this committee, and in November following made his report, which was unanimously adopted. This report, as will be perceived, served as the *basis* of the act of incorporation; which act was passed by the legislature of Virginia on the 2d day of January 1824: at this time, Dr. James Henderson was president of the society.

On the evening of the 20th of November, in the same year, the society, under its *ancient* organization, convened, and strange to tell, for the last time. Not one word is discoverable in its records which could lead us to anticipate such a result. But on the contrary, its members appear to have been stimulated by their wonted zeal; resolutions were offered looking to the future benefit of the society; periodicals were subscribed for; and among its latest proceedings is to be found an application from Dr. Colhoun, asking permission to publish the essays of members in the Medical Recorder, a journal which he then edited in the city of Philadelphia.

We are quite certain that no subsequent meeting could have taken place, for we have had access to *all* the records of the society from its formation down to the present hour. It must be equally certain, that such a state of things could not have been expected by members themselves, or some indicatory

resolution would beyond all doubt have been submitted for their action. None such is to be found. Had their numbers so diminished as to render worthless the prosecution of the ends they originally contemplated? Of such a fact no evidence exists. To what then are we to attribute the sudden and unexpected though temporary demise of the society, in ten short months after it had succeeded in obtaining a charter from the legislature of the state? We fear we have but one answer to give; and that answer must be found in the apathy and indifference which most unaccountably palsied the exertions of the profession.

But the society was not hopelessly and absolutely dead; for more than a constitutional quorum of the original grantees survived. Many years elapsed, it is true, before its slumbers were disturbed by an effort to reorganize and reconstruct it. At length, on the 27th of December 1841, (17 years after its apparent dissolution,) a meeting, composed of a majority of the grantees, convened at the office of Dr. Thomas Nelson. It was thought that the "suspended action of this society for a number of years, required that the body should proceed in the form they adopted on its first organization; and to render available the future action of the body, they proceeded to elect a chairman and appoint a secretary." A number of gentlemen were then elected members of the society, and it adjourned to meet on the Friday evening following. At this meeting, other candidates for membership were elected, and, after adopting the old constitution, the election of officers took place. Dr. Haxall was elected president of the society.

After appointing a committee to report such amendments to the constitution and by-laws as might be found necessary, an adjournment took place.

The attention of members seemed to be aroused to the importance of placing the society upon a stable foundation. The exercises of the evening consisted in reading essays and reporting cases which may have occurred from time to time; resolutions, supposed conducive to its interests, were passed, as the occasion demanded; an effort was made to collect a

library; and a premium was offered for the best written essay on certain selected subjects. But one essay was received by the committee, and it was not adjudged worthy of the prize.

In December of this year, (1842,) being the annual meeting of the society, the election of officers took place, and Dr. Haxall was re-elected president.

During the year 1843, the same exercises were continued; some amendments were made to the constitution; and at the election of officers in the month of December, Dr. Marx received the vote of the society as its president.

Dr. Thos. Nelson was elected to the same office at the annual meeting in 1844, and was succeeded by Dr. Wm. A. Patteson, elected in 1845.

During the year 1846, some matters of general interest to the profession were acted upon. A report was made, showing the utter worthlessness of the once celebrated Brochieri water as a means of arresting hæmorrhages. Delegates were appointed to attend a convention in the city of New York, the action of which led to the formation of the American Medical Association; resolutions were offered calling together in convention, the profession of the state on the second Monday in December; a system of medical ethics was reported and adopted; and the president was requested to deliver an address at the annual meeting of the society. The address was accordingly pronounced before a large audience, many of which were members of the convention which had just adjourned.

We have nothing here to do with the proceedings of this convention as a whole. In the language of the resolution under which it was convened, "its objects were the protection of the interests, the maintenance of the honor and respectability, and the advancement of the knowledge and usefulness of the medical profession." One subject, however, which claimed its attention, was referred for final action to the medical society; and that subject was, to adjust the details of a plan for organizing the faculty of the state under the charter of said society. The convention also referred to the society the subject of establishing a medical journal.

To effect the object first mentioned, it became necessary to introduce amendments to the constitution, and a committee was appointed for that purpose. This committee made their report in April 1847, which, for various reasons, was rejected by the society. A resolution was passed, however, to the effect, that the society could adopt no better plan for organizing the profession than that which the constitution and by-laws of the "Medical Society of Virginia" present, and this was finally accepted as the report.

In regard to the publication of the journal, the committee reported, "that they deem it inexpedient at this time to take any action on the subject;" and such was the disposition, for the time being, of these two important matters.

At the annual meeting which occurred in December of this year, Dr. Jno. A. Cunningham was elected president.

The reasons assigned by members for rejecting the report of the committee in regard to organizing the profession, are of course not sketched out in the recorded proceedings of the society. But if the recollection of the writer does not mislead him, there was a majority of the society's members who were utterly opposed to organization upon any other plan than the one alluded to, from the fear that certain powers conferred by the charter might be wrested from them; that if these powers were abandoned they might not be regained, and that it was hardly probable they would be used advantageously if in possession of the profession at large. The minority had no such apprehension. They believed that the amendments reported were sufficient and necessary to effect an organization. Their opinion was unheeded, as the result proved. The matter, however, was not abandoned, as will finally be perceived.

So very important did it appear to the minority that *some* plan should be devised for organizing the profession of the state, it was proposed that an effort should be made to amend the charter, by which power should be granted to the parent society to confer charters upon auxiliary societies. To the majority this scheme appeared sufficiently feasible; for all the powers under the original charter would be retained, while

the auxiliary society would be held in subjection, as it were, to the great central one located here. With these views the legislature was approached on this subject, but the application failed of success.

At the annual meeting in December 1848, Dr. Patteson was again elected president, but declined to serve. Before its adjournment, the subject of the organization of auxiliary societies was again brought up, and referred to the committee who formerly had it in charge. This course was adopted, inasmuch as it was thought that certain amendments to the constitution might affect their establishment, although the legislature had refused to alter the charter. These amendments finally met the sanction of the society. They produced no extensive result, however, for it is believed that but few local societies were formed under their action. In December 1849 there was no election of officers, inasmuch as the annual meeting had been changed to the month of May 1850. Dr. Haxall was again elected president.

While we have no remarks to make in regard to matters of *general* interest during this and a considerable portion of the year following, it is not to be supposed that the society was unemployed. Many interesting papers were read; animated discussions frequently occurred; a fee bill was adopted; and our society was greatly enlarged by the election of members.

While the subject of state organization had remained dormant for many months, its friends began to be encouraged, as the society increased in numbers. It was soon discovered that newly elected members advocated the scheme, and it was determined again to test the question.

At the February meeting 1851, the following resolution was introduced by Dr. Parker—"That a committee of seven be appointed to report on a plan of organization of the profession throughout the state," and concurred in, after some debate, by a large majority.

[In our next issue this subject will be continued.]

On the Truces and Cure of Venereal Affections.

BY PIETRO GAMBERINI, M. D.

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If there be a contagious affection, accompanied by many strange and equivocal circumstances, it is certainly the syphilitic taint, whether we consider its protean modes of appearance, or the fact of its embracing an indefinite period of sufferings, which once passed give rise to the flattering conviction in the patient's mind that he has no more to dread, but are followed by the day which cruelly destroys his golden dreams of happiness and health.

When the violence of small pox is subdued, the disease may again be encountered almost without fear of injury; the individual who has passed through measles, scarlatina, or the perils of petechial typhus, may, in general, reckon on future immunity from similar invasions of these scourges; but he who has been freed from the primary effects of the venereal poison remains capable of contracting it anew; while in those who have been cured of the consecutive lesions under the form of any syphilitic affection, it is rarely difficult to cause a relapse of the malady, even for an indefinite number of times. This circumstance, which is merely the expression of a fact of daily occurrence, clearly demonstrates that while the time of action of the other contagions is of short duration and uninterrupted, that of the venereal virus is, on the contrary, irregular and indefinite; relapse of the former is a most singular exception, the reappearance of the latter is the almost characteristic rule of its nature; the first are, at the same time, evils and remedies, the second is purely an evil, because it does not prevent the contraction of a new infection.

Syphilis, then, is composed of repeated possible and easily occurring primitive infections, and of constitutional sequences, which latter undergo most easy and almost constant relapses before being completely eliminated and destroyed. Studying these relapses with attention, I was led to observe a series of circumstances which I deem worthy the attention of the practical physician and surgeon, whether with a view to the right interpretation of the facts, or to the judicious selection of the several remedies suggested in the various forms of syphilitic affections.

Between the several recurring appearances of the venereal disease there is an indefinite, irregular, and variable period,

which may be called *a truce;* this it is which indirectly leads to cure, and hence it is by many confounded with the cure itself. I now propose to speak of the causes, importance, and description of this truce, studying it at the same time under its extrinsic and direct relations, and under its concomitant pathological and therapeutic conditions.

Primary syphilitic lues has no truce; chancre and blennorhagia, when they have once manifested themselves, generally run through their proper phases to the complete cessation of all characteristic symptoms, without the occurrence of intervals worthy of the name of truce; for by this term, used with reference to this disease, I mean the complete cessation, for a given time, of everything constituting a visible and sensible phenomenon of the venereal affection, whatever it may be, which was in progress. It is true, that occasionally the urethral discharge or the ulcer will, after they have disappeared, subsequently seem to return, but a little attention will in such instances show one of two things, either that the ulcer had not completely cicatrized, and the discharge had continued in a masked form, or that they now constitute a symptom of constitutional syphilis; in the first case, cure was erroneously supposed to have taken place; in the second, we have no longer to deal with a local or primary syphilis, but with a secondary and constitutional taint.

What I have said of the two most common forms of venereal disease is equally true of inflammation of the inguinal gland or bubo; and this will be more apparent if we recollect that this disease can simulate the truce, in the sense adopted by me, only in the eyes of a very careless observer; for as long as the seeds of disease remain in them, we never find the glands of the groin in their true physiological state, but turgid, troublesome, and irritable; this is exemplified in the rare cases of sluggish buboes consecutive to any antecedent primary ulcerous infection.

The truce, then, as I employ the term, is an exclusive and characteristic phenomenon of constitutional syphilis; the medical man sees it in its true light; the non-medical man mistakes it and describes it by the ancient adage, that he who has been tainted with syphilis is always cured except the first time, a popular saying, which, like all the proverbs inherited from tradition, has its side of truth.

The truce, so far as I have had opportunity to observe, is at one time spontaneous, at another artificial, that is to say, it is sometimes the consequence of treatment employed while the disease was manifest. And first, in reference to the spontaneous truce, I will say, that it is the basis of the several

manifestations of constitutional syphilis, or, in other words, of the several successions of venereal affections which almost constantly exhibit themselves in syphilitic patients; in fact, before constitutional lues emerges from the local, an indefinite lapse of time takes place, which serves to prepare that modification of the venereal poison which is to act under the form of confirmed lues; and this is the true truce, inasmuch as, notwithstanding the presence of the pathological agent, the patient, at least in the generality of cases, does not suffer any inconvenience; if the reverse be the case, the truce has disappeared to give way to the first symptoms of the now developed disease.

Another kind of spontaneous truce takes place when constitutional venereal symptoms exist in cases not yet subjected to any curative treatment.

I shall now proceed to give a faithful description of the phenomena spontaneously produced in the natural course of the disease.

Ricord has endeavoured to establish, by almost constant laws, the well known theory of venereal successions, distinguished, as every one is aware, into primary, secondary, and tertiary. I will not dwell on the inexactness of this division, because, in other writings, I have opposed it by reason, and what is still better, by facts. I say, then, that the truce serves at one time to reproduce the passed syphilitic phenomenon, and at another gives origin to a different venereal affection, after which, a truce succeeding is again followed by the manifestation either of the first phenomenon, or of another totally different, which may, in some cases, assume a form so mysterious and equivocal as to embarrass the most experienced practitioner, the most philosophical and analytical physician. This is the commencement of the protean syphilitic lues, which may appear with the most characteristic sign, or may sometimes assume the darkest disguise, of that lues which passes silently and insidiously from the most simple and most accessible to investigation of the organs or tissues, to the most complicated and most deeply seated viscus. The following cases may be quoted in illustration of what I have advanced:

Case I.—Angelo R., having contracted a primary ulcer, had, after eight months, a troublesome ostealgia, which lasted fifteen months, after which a truce of half a year occurred, followed by an extensive maculated syphilitic eruption, which yielded in a short time to the use of mercury.

Case II.—Clement L. after repeated infections with primary ulcers, was attacked with a syphilitic papular eruption which was not treated, and lasted two months, when it completely

disappeared. A similar occurrence took place during several springs, lasting each time about two months—no medical treatment having been ever employed. Finally, the papular became converted into pustular syphilis and palmar psoriasis. A judicious employment of mercury put a stop to the annual recurrence of the disease.

Case III.—Antonio P., some months after having had a primary venereal sore, was attacked with mucous papulæ, which were left to themselves, and slowly disappeared; the patient not having perceived any trace of syphilitic taint for some time, thought himself wholly free from it, when a mild nocturnal arthralgia came on, which soon went off without treatment, leaving a truce of about four months, at the end of which time the above mentioned papular syphilis reappeared.

Case IV.—Luigi B. contracted a chancre, followed by a suppurating bubo. About seven months after he got rid of these affections, a venereal ulceration appeared in the throat, which was not treated; nevertheless a truce of some months took place, at the end of which an extensive pustular syphilitic eruption came out, which, likewise left to itself, gave way to a second truce; this was followed by osteocopic pains; these, after repeated truces, finally ceased under a treatment consisting of the administration of mercurials, followed by the use of iodide of potassium.

Were I to continue the enumeration of similar cases, I should do no more than narrate facts of common occurrence in every venereal hospital; I shall, therefore, simply state that confirmed venereal lues is exceedingly versatile in its manifestations, and although, in very many cases, it observes the laws of succession announced by Ricord, the phenomena, which are thus occasionally successive, in several instances vary, appear simultaneously, or are transposed, until the entire organic system becoming contaminated, that general form of syphilis is developed which is called venereal tabes, or consumption, a condition, in one instance, easy of recognition, from the characteristic nature of some attending constitutional symptom, while in another it will be rendered obscure by the masking of its phenomena; to meet which latter case some employ the term pseudo-syphilis, signifying thereby an amorphous disease devoid of decided coloring, or well-marked fundamental characters. This language seems to me to be inexact, for, in the complex disease, either we have the traces of syphilis mixed with complications, or such traces are wanting, and are rather suspected than demonstrated; and yet, in both these instances, the word pseudo-syphilis is employed. Venereal lues is always identical with itself, and therefore,

when it exists, maintains its proper pathological and therapeutic essence, whether its symptoms be isolated, or whether they concur with other morbid casualties. The term pseudo-syphilis, then, appears to me to have been unhappily chosen, and to represent an idea which is too much opposed to true syphilographic philosophy.

But to return to the subject of the spontaneous truces of constitutional syphilis, that is to say, of those truces which occur in patients who have adopted some form of treatment, observation has shown me, that the affection which most readily admits these truces is osteocopic pain, which goes and comes repeatedly and indefinitely for months and years, at one time in a masked form, and at another with the most evident characters; the former is usually mistaken by careless observers, and confounded, to the patient's injury, with the effects of a draught of air, checked perspiration, or atmospheric humidity—an etiology acceptable enough to those who, while they lament the inefficiency of the means employed to relieve their pains, do not wish to believe that they labor under a venereal taint. But, after a repetition of such truces, we have at length not merely osteocopic pains to deal with, but a material lesion of the bone, periostitis, or exostosis—affections immediately resulting from osteitis, when a vigorous and suitable treatment has not been adopted.

In reference to the frequency of easily occurring truces, syphilitic catarrh, and then affections of the skin, come next to ostealgia; maladies which, when mistaken, are referred to acid humours, catarrhal diathesis, &c. As to the affections of the skin, although they sometimes recur with varied aspect, they do not, in my opinion, present the variety that might be expected, or such as occurs between ulcers and nodes, rheumatalgia and periostosis.

If we admit these truces of the phenomena of constitutional syphilis to be established, we should next inquire if they proceed from a natural law of syphilis, or from causes extrinsic to this disease.

In answering this question I shall give the results of ten years' observations. I have seen patients who remained infected with chancres or blennorrhagia fall very rapidly into a state of confirmed syphilis, which, without any interval or truce, brought the patient into a condition of health so bad as to threaten to destroy life if medical aid did not quickly interpose; this uninterrupted course of lues at one time proceeds slowly and mildly; at another, it advances with quickness and severity; in the former case the morbid phenomena are

usually variable and superficial; in the latter, on the contrary, they are constant, deep seated, and different forms of the affection often coexist. The cases of such an unbroken chain of syphilitic affections are not frequent, and are chiefly observed in subjects of a lymphatic or decidedly scrofulous habit, in whom venereal symptoms are usually both severe and obstinate, in addition to which a circumstance occurs to complicate the treatment, which is, that while the scrofula appeared in consequence of the syphilitic infection, and was, therefore, subjected to mercurial treatment, a period arrives when the scrofulous symptoms continue, while the venereal poison which excited and produced them has been subdued and annihilated; a period in which, I say, the disease has been converted from syphilitic into simple scrofula; and while it is extremely difficult to lay hold on this pathological moment, it is, at the same time, necessary to recognize it in order to alter the treatment, for I have, in the generality of cases, observed that while mercury was exceedingly useful in syphilitic scrofula, it was most injurious when the latter disease was removed from the influence of the venereal virus. The following is an example of a remarkable circumstance connected with these cases: A form of the disease above mentioned was improved by mercurials, until it was found necessary to suspend their use, which was done with the greatest benefit, and with almost complete cure of the glandular disease, when the latter again set in, the glands enlarging, and necessitating a return to the use of mercury, which duly administered completely removed the symptoms.

Having alluded to the instances in which lues never intermits or forms a truce, I will say that in the greater number of cases, I mean those which are treated for the first time, syphilis appears in connection with truces in the sense I have laid down, independently of the temperament, constitution, and habits of the patient, and without our being able to refer these truces to the influence of the seasons, of the climate, or of the atmosphere; for they evidently have their origin in the protean developments of syphilitic symptoms which are insidiously preparing to exhibit themselves at the proper time with characters at one time sensible, at another visible, and again, with both these qualities combined. We may add, that such truces are sometimes, as I have elsewhere pointed out, far from being the fulcrum of the numerous and varied evolutions of the disease, only the corner stone of the same venereal affection which continues unchanged and constant; just as, during the repose of the vegetation of trees, the latter

become deprived of their leaves to be in due season reinvested with the same: the plant is in our case, constitutional syphilis, while its symptoms may be compared to the leaves.

If we compare the number of syphilitic patients who enjoy the benefit of spontaneous truces, with that of those who have not such intervals, we shall find a decided preponderance of the former class. The truce then of constitutional veneral symptoms is one of the special characters of syphilis, a disease which, while it lasts perennially within the system, becomes concealed and latent, to be subsequently called into action by particular circumstances. From the results of my own observations I should say, that the causes of the spontaneous relapses of lues are usually the following: the change from the cold of winter to the warmth of spring; drinking and bathing in mineral waters, and especially sea water; living in a damp house or situation; want of sufficient diaphoresis; want of wholesome and nutritious food; traumatic lesions in any part of the body which seem to elicit the latent venereal taint; in fine, all that tends to weaken the physical power by impoverishing the system, or serves to depress the strong qualities of the mind by casting the individual into the abyss of the passions, which deprive the body of energy more quickly and more certainly than physical evils, consuming it slowly and uninterruptedly. The foregoing etiology receives confirmation from the observation that most destructive syphilitic actions take place in those who are subjected to the causes just now enumerated. So that I am persuaded that when we have to do with slight venereal disease, accompanied by truces, and can in such cases remove all that tends to disturb these truces, the disease will slowly but eventually be annihilated by the force of the healing powers of nature, which, when well seconded in its operations, constantly tends to repel from the system all that is extraneous, hurtful, or prejudicial: but it is, in my opinion, because no one, or scarcely any one, is capable of making the absolute sacrifices demanded, of following the rules, and obeying the directions of the physician to the full extent required, that we do not see the spontaneous cure of syphilis, which, if we reflect, is not in the generality of cases dangerous, though it gives us reason to fear for the seat in which it manifests itself, the organ it attacks, the viscus it injures. In fact, where is the danger in cases of affections of the skin, of alopecia, of rheumatalgia, and such like? And where, on the other hand, can we find ground for a favourable opinion in cases of ozæna, of ulcerated throat, or of chronic osteitis?

I have said that I believe in the spontaneous cure of the

slighter forms of syphilis; I think differently, however, when this disease is severe and threatening, because in such cases, far from ceasing in consequence of the beneficial interference of nature, it only runs a ruinous and fatal course, if we do not oppose its progress with all the therapeutic means which have been sanctioned by the experience of ages as fittest and most useful. Woe to the practitioner who, trusting in a temporary lull, would stand idly looking on; he should find nothing but mutilation, ruin and even death, reproving that too far stretched expectation carried unmeasuredly into the treatment of diseases, as if nature would suffer herself to be ruled by the coaxing look of the inactive physician.

The natural and spontaneous cure of constitutional syphilis is, then, an event in its nature probable, and by no means repugnant to the essential character of the venereal contagion; but such a result is, strictly speaking, not to be obtained, at least dating from the commencement of the disease, for whoever suffers from such a taint will not fail to make attempts to get rid of it, and medicine is within the reach even of the poorest—for these reasons I do not consider that we have any certain, unexceptionable, and unequivocal evidence of the absolutely spontaneous cure of general syphilis. I know that there have been instances of slight secondary venereal affections which got well under the use of ordinary remedies, neither mercurial nor antisyphilitic; but, as was to be expected, such medicines had little or no directly or radically curative effect, as was evidenced by the reappearance from time to time of the morbid phenomena; still these repetitions took place with a constant decrease of symptoms and annoyances, until it was no longer possible to detect the presence of the venereal virus in the individuals affected. But I do not call such a cure spontaneous, for here we had the interposition of a medication, which, although not specific, had an indirectly therapeutic influence, as I shall show in speaking of the relations which exist between the treatment, truces, and cure, of constitutional syphilis.

In admitting cases of syphilis as spontaneously cured, it is necessary to be exceedingly circumspect and watchful, because, while there are authors who relate such instances as happening by preference in southern climates, there are others who deny their occurrence in these localities; a discrepancy which, in my opinion, proceeds from the too great value set upon the truces, and from the relief obtained in the generality of cases by the patients in the hospitals; a ground for induction which is scarcely safe, because we usually have only a temporary, and often an incomplete and equivocal, observa-

tion of these patients: when, therefore, we speak of decided and positive relief of syphilitic affections, we must recur to private practice, as affording opportunities of watching patients for many years, and of tracing the steps and attending circumstances of a taint so malignant and protean as that of syphilis.

From the facts I have observed, it appears to me that the probably spontaneous cure of syphilis takes place more easily in those cases in which the general taint has sprung from urethritis; a primary form, which, principally attacking the osseous system in its secondary effects, is less hurtful to life, because it affects parts which have less influence thereon, while at the same time it occasionally leaves inevitable and indelible traces of its passage. So that if constitutional lues, arising from chancre, is less disposed to a spontaneous cure than that derived from virulent urethritis, I think (and I am supported in this opinion by the results of clinical observation,) that this proceeds from two causes: first, because lues from chancre more easily invades those parts of the body which are in an important and necessary manner connected with life; and, secondly, because this form is, on account of its severity, seldom left to itself, but is, on the contrary, subjected to at least some treatment, but most frequently to the use of a remedy of known antisyphilitic power, in consequence of all being agreed on the essential venereal value of primary chancre, while not a few think differently as to the fundamental character of blennorrhagia: an idea which reason and experience ought to banish from syphilology, as it is opposed to both; but I shall not here dwell on this point, because I think I have said enough, and adduced sufficient proof of my views in my various writings on clinical syphilis.

[To be continued.]

Ergot: Circumstances which contra indicate its use during Labor.

BY M. PAUL DUBOIS, M. D.

Ergot, besides its well known hemostatic properties, is useful when, from inertia, the uterine contractions are insufficient to complete delivery. It is, however, to be regretted that this valuable remedy is so often improperly used. We have frequently known it given when it was entirely unavail-

ing, because unsuited to the case. This abuse, and the sad effects consequent upon it, have contributed very much to discredit ergot in the minds of many practitioners. We should, nevertheless, not be deprived of so precious an agent from the mere fact that it has been injudiciously administered. We should rather endeavor to ascertain the circumstances under which it may be advantageously prescribed, and distinguish these from the contraindications to its use. The circumstances under which the uterine contractions may be impaired without calling for the use of ergot are sufficiently numerous to merit attention. The following are some of the most common:

1st. Debility dependent upon a natural state, or induced by previous disease. This requires tonics, broth, wine, &c. for the purpose of improving the strength of the patient during labor.

2d. Extreme distension of the uterus from an excessive quantity of liquor amnii, which induces incomplete paralysis. The uterine fibres being inordinately distended, the membranes should be punctured whenever the os tincæ is one-fourth dilated, or about the size of a half dollar.

3d. Congestion of the face, attended with impaired contractions from plethora. The patient should then be bled.

4th. Mental disturbance from whatever cause, sometimes from the presence of particular persons in the chamber, may suspend the uterine contractions. The woman must be quieted and the causes of annoyance removed.

5th. Great elevation of temperature in the apartment may lessen the contractions by the cerebral congestion it induces. The room should, in such cases, be well ventilated and cooled if possible.

6th. Pain other than that of labor. Retention of urine, may be so painful as to impair the contractions; catheterism should then be practiced. Very great pain in the loins may likewise affect them, in which case we should apply the forceps if labor is sufficiently advanced; if not, wait patiently. The same may be said with regard to the headache which sometimes attends each abdominal contraction.

7th. The premature discharge of the waters makes labor slow, because, like all hollow organs, the uterus contracts most forcibly upon unyielding contents, and that when the membranes are ruptured the descent of the fetus at each contraction lessens its force.

8th. The uterine contractility may become exhausted by the tardy rupture of the membranes in consequence of the firmness of these; rupture them. Rigidity of the os tincæ

from phlogosis may do the same; resort to belladonna or to general bleeding. If the cause be unyielding induration of the tissues of the cervix uteri, of which we have recently seen a case, the knife should relieve the resistance.

9th. There may be posterior obliquity of the cervix which will lessen the force of the contractions. If the os does not dilate of itself (and cannot be rectified by the finger—Ed.) we may have to divide its anterior lip with a probe pointed bistoury.—*Southern Med. & Sur. Journal.*

Inhalation of Vapor of Iodine in Phthisis.

At the meeting of the 24th January 1854, of the Academy of Medicine, Paris, M. Piorry read a communication *on the curability of tubercles of the lungs by the vapor of iodine.* After some historical notices, M. Piorry said, that although pulmonary consumption, when left to run its course, was seldom cured, nevertheless from the many facts on record, obtained by autopsies of aged persons, solitary tubercles are more frequently susceptible of termination by cretaceous indurations, than is generally imagined. After enumerating the cases where an amelioration might be hoped for, and proving the inutility of the usual therapeutical resources up to the present time, he described his method of treating *pneumo-phymia* by means of the vapor of iodine. He commenced by mentioning the different experiments made with the same vehicle by divers persons at different times. M. Piorry employs both the tincture and the crude iodine for the purpose of impregnating the atmosphere with iodized vapor. He thinks the vapor produced from iodine preferable in all cases of pulmonary induration, and that from the tincture of iodine in cases where cells exist. Which of the two agents should be employed, must be determined by careful diagnosis.

From 1 to 2 grammes (15½ to 31 grains) of iodine are placed in a bottle or large mouthed flask capable of holding a litre (1 1-5 wine qt.) Iodized vapors are disengaged in proportion to the degree of warmth and humidity of the atmosphere. When the tincture is used, from 30 to 100 grammes (7 3 to 26 3) are put into the flask, and sufficient heat applied to disengage the mixed vapor of alcohol and iodine. It is the air thus impregnated with the vapor of iodine, or the mixed vapor of alcohol and iodine, contained in the flask, that is inhaled by the patient. Generally, but one inspiration is

directed to be made, but it is necessary that it be deep. Exhibited in this manner, the inhalation of iodized vapors irritate the trachea but little. If the inspirations are continuous, acute pain in the larynx and bronchia and violent coughing are induced, and more serious accidents may be caused. This simple plan of inhalation must, however, be frequently repeated—one or two hundred times a day, or even more.

Further, the patient is made to inhale iodized air, even during sleep. Saucers, each containing 1 gramme of iodine, are placed on the floor, near the head of the bed. In the hospital, small vials containing iodine are attached to the iron rods that support the canopy. The vaporization thus produced is very evident, and the atmosphere of the apartment or ward, is so highly charged with it, that the starched white curtains of the bed assume a blue color, and the iron of the locks is completely iodized. M. Piorry generally prescribes from 1 to 3 grammes of the iodide of potash to each patient daily.

In those cases where the existence and depth of the lesion is suspected to lay between the pulmonary surface and costal parietes, whether arising from adhesions, or that remarkable supplementary circulation which has been so elaborately described by Dr. Natalis (Guillot,) friction with tinct. of iodine mixed with from 19 to 39 parts of water, is used over the parts affected.

Other treatment, as by the use of tartrate of antimony, sulphate of quinine, &c., may be added to the iodine treatment. In one case methodical compression of the thoracic parietes proved a useful auxiliary. To mark out organic lesions, previous to commencing the treatment, a large sheet of diachylon plaster is placed on the chest of the patient, on which are traced lines corresponding to the clavicles, the sterno-clavicular articulations, the projection of the sterno-mastoidal muscles, circumference of the heart, upper surface of the liver, and the nipples. Upon this it is easy to trace a very exact chart of the indurated parts to show their exact size, to make notes of the tone, obscurity of sound, numbness, hardness, and resistance offered to the fingers, and likewise to mark down the principal stethoscopic sounds, which is a valuable aid in the average of cases. After some time, and when the treatment has been fully tested, it is easy to replace the plaster exactly upon the same part, for the marked lines of organic limitations serve as points to indicate the precise spot where the plaster was first placed.

M. Piorry summed up his communication by presenting the definite results obtained: from 31 cases of phthisis treated by

the inhalation of iodine vapors under his care in the hospital, a marked amelioration, both in the anatomical character and general symptoms, took place in 20 cases; disappearance of the principal anatomical character, and most of the symptoms, in 7 cases; died with or without positive ameliroation, 4 cases.

Boston Medical and Surgical Journal.

Observations on Convulsions in Children and Epilepsy.

BY WARREN STONE, M. D., PROFESSOR OF SURGERY, UNIVERSITY OF LA.

It is not my purpose to enter into a full history of these diseases, but to call attention to some practical points. There is some similarity between common convulsions in children and epilepsy. There is, evidently, some peculiar state of the nervous system (either hereditary or acquired) existing, or else slight local irritations would not produce such serious results. A child that has once had convulsions is liable to a return of them, and, if not fatal, they become periodic and assume the character of epilepsy. Various causes, such as dentition, improper diet, exposure, etc., may exist, but they all terminate in one immediate cause—indigestion, or a morbid state of the stomach, which may of itself be a sufficient exciting cause; but the case is much aggravated if indigestible or coarse food is thrown upon it while in this morbid condition; convulsions may occur in excitable children from accidental causes, but there are cases where there is a regular series of morbid changes that take place, terminating in convulsions, and when it has occurred once, and there is a disposition to a return, it can be detected by observing these changes, and the attack warded off. Passing over the great number that die in the first, second or third paroxysm (as the case may be) there are many who survive until the intellect is destroyed. I do not pretend to say that convulsions will not produce death, even when there is only functional disturbance of the nervous system, in spite of the most judicious management; but I feel confident that in most, if not all those cases that are so mild, that the subject survives until the brain gives way from frequent engorgements, can be cured. There is a very uniform history in these cases. Having recovered from one paroxysm, the little subject goes on for a longer or shorter period, when it becomes more ex-

citable and disobedient and the appetite becomes morbid. This nervous excitement is peculiar, and once observed it is not likely again to be overlooked. At one time the subject is peevish and unreasonable, and again in high glee and very much like one partially under the influence of the nitrous oxide gas, and this state of exhilaration may soon be followed by convulsions. It is singular that on emptying the stomach and bowels it will be found that food which was taken twenty-four or thirty-six hours before is unchanged, although no symptoms of indigestion had been manifested. It seems as if all the natural functions of the stomach are suspended, and in fact all functions seem suspended for there is not even bad digestion. I believe the patient may go through the paroxysm regularly, if there is no imprudence in diet, or even if diet is withheld, but it is much aggravated by indulgence of the morbid appetite. Convulsions, then, may be said to be owing to a peculiar state of mobility of the nervous system, together with a morbid state of the stomach and the presence of some indigestible or undigested food as an exciting cause. Dentition and other sources of irritation may be indirectly causes, but mere physical suffering rarely causes convulsions, unless it is continued until the functions of the stomach are upset. When convulsions are fatal, the death is the same as in strangulation. Respiration is interrupted by the spasm of the muscles, which in severe cases prevents the expansion of the chest, or the descent of the diaphragm; the return of the venous blood is prevented, the lungs become engorged, asphyxia and death follow, and dissection shows nothing more than what may be found after death by drowning on a full stomach. If all this commotion could take place without interrupting respiration, there would be no danger, for these paroxysms are disposed to terminate like epilepsy. The usual remedies in these cases are free leeching from the head, hot baths and injections. The injections may be of material service, and can do no harm; the leeching can scarcely be of any service, and may be injurious, and the bathing may, by inducing faintness, tend to relieve the spasms, but it appears to me that, as a general rule, more harm than good is done by it. The little patient is usually nearly smothered in the steam of the bath, when he requires all the fresh air he can get, and when taken from it, is rolled up in a woollen blanket, in a July day, and perhaps the fumes of a hot garlic poultice are substituted for fresh air. It has appeared to me that more cases would survive the paroxysm if the treatment was confined to the administration of injections, and placing the patient in a favourable position for respiration and fresh air.

With this simple means, the spasm will usually subside, and give an opportunity to administer medicine to remove the irritating cause from the stomach and bowels. There are many cases, however, in which fatal engorgement of the brain and lungs will take place, in spite of all the usual means adopted to relax the spasms, and it is in these cases that I would urge strongly the use of chloroform. I am confident that this remedy properly used, will rescue all those that are laboring under simple spasm uncomplicated with any serious organic disease, if it is applied while the lungs are sufficiently free to allow the patient to be put under its influence. I have seen several cases recover under its use, who were in a hopeless condition from the great engorgement and exhaustion; and it is fair to conclude than an earlier use of the remedy would have a more certainly favorable effect. The spasm is the cause of all the lesions of circulation and respiration; chloroform relieves it with great certainty, and the local action of the chloroform has appeared to me to be favorable on the engorged lungs. The first case in which I used it, was looked upon as hopeless. The pulse was one hundred and fifty, countenance was livid, and the lungs much engorged, the coarse mucous râle proclaimed approaching dissolution. I was fearful that I would be unable to get the patient under the influence of chloroform, as the breathing was so limited by the spasms; but in a short time I perceived that the respiration became perceptibly fuller, and in proportion as the inspiration became deeper, the color improved, and at the end of fifteen or twenty minutes the spasms had ceased, the respiration was full and regular, and the color had returned, and the patient appeared to be in a quiet sleep. After a short time, when the immediate effects of chloroform had worn off, the patient was easily aroused and made to swallow a full dose of oil, which carried off, unchanged, food that had been taken thirty-six hours before, and there was no return of the spasm. This is pretty much the history of several other cases, that I feel confident would have terminated fatally without the aid of chloroform. I can conceive no objection to its use, and the only precaution necessary, is to allow the patient to inhale a fair proportion of air with the chloroform. Undigested food, I believe, will be found in the stomach and bowels, in all cases, whether there have been any imprudence in diet or not, for the engorgement of the stomach, which exists previously, arrests digestion, and may give rise to convulsions without any imprudence. When the convulsions return, and become a kind of habit, the nature of the complaint can be studied with better advantage. We will observe

peculiar and regular symptoms preceding the attack; the patient becomes wayward, unmanageable, exhilarated, and has a morbid appetite. Now, if small doses of calomel are administered at proper intervals, and followed by oil or some laxative, acrid discharges will take place to the entire relief of all the wayward symptoms, and the attack is warded off; whereas, if we rely upon dieting the patient, the paroxysm will occur with a great degree of certainty, and if the subject survives, the disease becomes habitual, and assumes something of the character of epilepsy.

The treatment in these cases may be properly divided into that which is proper during the paroxysm to bring the patient out of it, and after the paroxysm to fortify the system against a recurrence; and that which is proper to ward off a paroxysm when the premonitories appear. For the first, chloroform to relieve the spasm and enable us to evacuate the stomach and bowels and disgorge the organ; and for the second the use of tonics, such as iron, (the soluble preparations are best) fresh air and light, nutritious diet; and for the last, restriction from all solid food, small doses of calomel, and if the nervous excitement is great, nauseating doses of tart. emetic with hyoscyamus may be given; thus the paroxysm will be prevented, and by careful attention the system will overcome this peculiar diathesis. These cases are quite common and would be more so, but for the fact that few live to acquire this habit, or until the intellect is destroyed. This morbid condition of the stomach and bowels is a peculiar feature in this disease, and as soon as they are disgorged (as shown by the green acrid and what has been improperly termed bilious discharges) all the disagreeable symptoms cease.

There is, evidently, a peculiar diathesis, or condition of the nervous system, in which a local irritation, or slight disturbing cause, develops the disease, and the tendency in all cases is to become periodical. It is impossible to demonstrate the nature of any of the functional diseases of the nervous system; but we can study their phenomena and the laws that govern them, and learn in a great measure to control them, which is the main object. I mentioned that in children subject to convulsions the convulsions were preceded by a series of disturbances, such as nervous excitement, morbid appetite, disturbance of the bowels, etc., ending in indigestion and convulsions. The indigestion in these cases is looked upon as the cause of the convulsions, when the truth probably is that all the preceding disturbances are the result of this peculiar diathesis, and as much a part of the disease

as the diarrhœa preceding the collapse is a part of cholera. It is the same with epilepsy; for, although the paroxysm is suddem and without much warning to the patient, yet the attack is always preceded by certain disturbance, which may differ in different cases, but can be detected by careful observation, and means adopted to break up the train of disturbances, and prevent the final catastrophe. Who is not familiar with cases of chronic or constitutional intermittent fever? The patient may in the main enjoy very good health, but every two or three weeks, or a month, or perhaps at longer intervals, a paroxysm of chill and fever occurs often in consequence of imprudence, but frequently without any apparent cause.

These paroxysms are preceded by a series of changes, which are a sufficient warning to the patient, and the paroxysm may be easily warded off; but how few will do it unless urged and importuned. In many cases there would be but a single paroxysm without the use of medicine, and the patient may enjoy his usual health for weeks. Those who give potent remedies to break up these paroxysms fail; but those who continue the use of appropriate tonics, (such as tend to give tone to the nervous system,) during the intervals of the paroxysm, and watch for the premonitories of a return and prevent it, will easily succeed. Any permanent local irritation, (particularly of a vital organ,) tends strongly to perpetuate these paroxysms, and each return tends to confirm the periodic habit and aggravate the local difficulty. There is a strong similarity between this and epilepsy. There is a peculiar state of the nervous system which gives rise to various disturbances in either case, which terminate in a paroxysm more or less violent. These premonitory disturbances can be detected, and the paroxysm in general warded off by gentle means, or it may be necessary to resort to strong perturbating means as the period for the paroxysm approaches. I think the error in the treatment of epilepsy is generally in relying too much upon potent remedies and neglecting the many small things which in the aggregate amount to more than any one remedy that can be brought to bear. We know that small causes produce it, and it is fair to infer that small agents, if rightly applied, may ward it off. A blow upon the head, uterine disturbances, or even sympathy may excite it in those laboring under the diathesis, and repetition tends to confirm the habit. Many of the causes are in the power of the patient to control, if he can bring to his aid anything like self government. All epileptics are excitable, often passionate, and often have morbid propensities which

they are disposed to yield to, and unfortunately these subjects require a vast deal of schooling to give them a moral control over themselves; but if it can be effected, it is often sufficient to effect a cure. I met a gentleman a few evenings since, in fine health, who many years ago suffered much from epilepsy, which he had had since quite a child. He was very irritable and passionate, particularly at the approach of the paroxysm, and disposed to give way to his propensities and commit excesses. I succeeded in persuading him to adopt a strict system of living in everything, and avoiding all sources of irritation possible, and he became in a short time quite a philosopher—took merely some alteratives and a preparation of iron, and has not had a paroxysm for fifteen years. Slight local irritation will sometimes cause it. In 1837, I treated a patient for tertiary syphilis; he had a soft node on the frontal bone, which was absorbed under treatment, and left a depression. In 1841, I was called to the same patient in consultation; he had been laboring under epilepsy for near two years; it had become confirmed, and regularly periodic, and as remedies failed his physician advised the removal of the apparently depressed bone. I recognized the patient, felt sure that there had been absorption of bone instead of depression, and expected no relief from an operation. The patient, however, was urgent, and having seen cases of internal ostitis of the cranial bones, and believing the patient would run but little risk, I applied a large trephine and removed the bone. Upon examination, the absorption had extended through both tables of the bone, and the dura mater appeared a little thickened, merely, and I expected no relief. I was, however, agreeably disappointed, for he had a slight spasm in the evening, which did not return, and the patient from being nervous and irritable and unable to labor for the support of his family, became robust and cheerful. I had lost sight of him for several years, when last winter he presented himself to me again. He said that the place from which the bone was removed remained soft until about a year previous, when ossification took place, and a sense of giddiness came on at first, and finally ended in a return of the disease, which returned every week. I applied a trephine upon the borders of the old space, removed a section of bone, and with an elevator raised the new formed bone a little without removing it, and he expressed himself entirely relieved. Previous to the operation, if he bent his head forward or backward, or made any sudden motion, he said he felt as if he would fall, but the moment the operation was completed, all these feelings vanished

and he could use his head as he pleased. I put him upon small doses of sulphate of zinc and hyosciamus, and after remaining with me over the period of two paroxysms without any symptoms, he left, and I heard some time after, that he continued well. This shows what a trifling cause may produce the disease, and what a trifling relief may effect a cure, which ought to encourage us to carefully seek for local causes and place reliance upon what may appear to be trifles. I have operated upon several others where there was decided depression, and always with relief, in a great measure, to the disagreeble sensations about the head, but the general excitable condition has continued and require careful treatment, under which two cases gradually recovered. When epilepsy follows blows upon the head, I am inclined to think it is from internal ostitis, as I have seen it accompany inflammation of the inner table, where it has taken place spontaneously, or from a venereal cause. This subject of internal ostitis of the cranial bones deserves separate mention, as it is the cause of many painful affections as well as epilepsy. There was an article in the "London Lancet," two or three years since, on this subject, but the author, I think, improperly attributed it to the use of mercury, and confined his treatment to the use of iodide of potash. It matters not if mercury has been improperly used at an improper time, when a certain state of the parts is brought about, (a chronic or subacute ostitis and periostitis,) mercury is as much the remedy as if the same state was arrived at by any other means. Every one of observation knows how much more decided are the effects of the salts of iodine when the system is greatly under the influence of mercury. I have warred faithfully against the use of mercury in all our fevers that have no anatomical character, but I will venture to say that no one will ever regret the gentle use of it in chronic inflammation, or the use of a full sedative dose in an acute phlegmonous inflammation; these are exceptions, of course, as there are to all human rules.

It has appeared to me that in epilepsy there is always some local difficulty in connection with the peculiar diathesis and that we may look for the local difficulty either in the stomach, head, or organs of generation. In those cases that occur in early life it will generally be found that there is great disturbance or inequality of the functions of the stomach, and that these disturbances are paroxysmal and precede the epileptic paroxysm, giving a fair warning and an opportunity to ward it off. When it occurs later in life, after the vices of humanity begin to tell, we will often find local difficulties

about the head, either from injury or ostitis, from some cause; and when it occurs in young subjects from the age of puberty and some years older, we will not often be wrong, if we attribute it to masturbation or to some irritation of the sexual organs. It is not my purpose to enter minutely into the treatment, as I have no new remedy, but merely to urge the importance of attending to the local causes and to the moral management. A case that has been brought about by moral depravity is hopeless, unless he can be aroused to a proper sense of duty, and can establish a manly control over himself. This looks like a hopeless task in many instances, but half the care and perseverance that is used with the insane would effect it in most cases, and I have often thought that an asylum for the purpose of teaching self government might be vastly useful. The paroxysms no doubt may be warded off in many cases by large doses of quinine. Chloroform may be relied on for the time, and we gain much by interrupting the regular paroxysm. In the interval we should pursue such a course as the local and general condition calls for. For the general condition, gentle tonics and strict regularity in every thing. When the disease has been brought about by masturbation, I think I have found more benefit from the long use of strychnine, in such doses as can be borne without sensible effect. It is remarkable how susceptible these subjects are to its effects. A twentieth of a grain in solution will often produce severe giddiness in a few minutes, showing the extreme mobility of the nervous system.

N. O. Med. News and Hos. Gazette.

Forensic Medicine.

BY W. B. KESTEVEN, F. R. C. S.

Member of the Council of the Epidemiological Society.

Wounds, etc.

Effects of Cumbustion upon the Human Body.—A conflagration having taken place in a dense neighborhood in Paris, involving the deaths of many persons, M. Tardieu, to whom the examination of the human remains was officially intrusted, has taken the opportunity of minutely observing and recording the effects produced upon the human frame by fatal burning.

The soft parts on the bodies examined were in various con-

ditions: completely charred to cinder, partly carbonized, reduced to dry fibrinous shreds. The bones were dried and brittle, and in the instances of the long bones, fractures with obliquely splintered and charred ends were observed, differing distinctly from the characters of ordinary fractures. In the flat bones, which were thinned by the heat, the fractures caused by the heat assumed the form of fissures confined to one surface, and not penetrating the substance of the bone. The intervertebral discs were contracted in their diameters. Teeth and cartilage seemed to resist the action of fire more than other hard parts. The soft parts exhibited great diminution of volume; this was more especially observed upon the viscera, which had been more or less protected from the immediate action of the fire. Some of these were mummified. The blood in the heart, aorta, and other large vessels, presented an extraordinary appearance, resembling wax, or fatty matter, of a most beautiful carmine color. The cerebral substance was contracted to half its bulk, and in consistence resembled a half-dressed sweetbread.

To the details of the preceding, M. Tardieu has added the appearance discovered on the body of an infant that had lain several years behind a stove, and had become completely mummified. The effects of slow, long-continued heat were much the same as the above described, with the absence of the active destructive action of fire seen in the carbonization of the external soft parts.—*Annals d' Hygiéne.*

Death by Burning.—The body of a woman aged 64 years, was found burnt, at the door of an oven. The posture of the body was that of kneeling; the right hand rested with its knuckles at the edge; the head and the left arm extended, were within the oven; the right shoulder and upper extremity were outside, whereby the body had acquired an oblique position. Some suspicions having been excited as to the origin of this death, an official investigation was instituted, in order to ascertain if the body furnished sufficient indications to determine whether the burning had been accidental, intentional or violent.

The head was so much burnt that the integuments of the forehead and left side of the face were completely charred. The neck showed traces of the action of fire, extending to the sternum. The integuments of the trunk were blackened posteriorly, as far as the sixth cervical vertebra. On the superior surface of the left breast was a distinct mark of the fire. Near this spot vesication had taken place, the integument having been raised, the corium being of a dark red color.

The left shoulder was burnt in one spot. The dorsal surface of the left wrist was deeply charred. The hand was firmly clenched by the flexor muscles. The skin of the arm and fore-arm was slightly charred, and partly mummified. The right upper extremity was also burnt about the shoulder; posteriorly, the integument of this limb, from the elbow to the axilla, was excoriated and slightly reddened, but presented no sign of the action of fire; on the knuckles of the ring and middle finger were three excoriations, but no trace of burning. An examination of the interior of the cranium exhibited very important injuries. The bones of the skull were blackened, or of a nut brown color. The membranes were thickened, and adherent to the bone. The surface of the cerebral substance was brittle; the usual moisture and fatty substance had disappeared, giving a resemblance to boiled brains. This change, however, did not extend to the central parts; the lateral ventricles and medulla oblongata appeared natural. The external surface of the cerebellum exhibited also this change in consistence; it was otherwise natural. The larger sinuses were empty, the other vessels moderately full. There was no sign of injury of any kind at the base of the skull or brain. The lungs were healthy. The heart was empty; the larger vessels moderately full.

The commission appointed to investigate this case, after having inquired into all the circumstances connected therewith, gave it as their opinion that the burning had been inflicted during life, or instantly after death, as evidenced by the presence of vesication, but that it was impossible to determine from the position of the body, or the injuries found thereon, whether this had been accidental, intentional, or violent; at the same time they inclined to the first—i. e. accidental death—from the absence of all evidence that it had been caused by violence, and the improbability of its having been suicidal. The deceased had been subject to vertigo; it was possible that this might have occurred at the moment that she was engaged about the oven's mouth, and that paralysis might have been instantly induced through the heat of the fire.

Casper's Vierteljahrsschrift.

Case in which it was doubtful whether Death had been occasioned by Drowning or by Violence.—About 2 P. M. of Feb. 3rd, the body of a man was found lying near the edge of a river. The person by whom it was observed, not knowing what it might be, endeavored to drag it to the side with a pole armed with a hook; in this way he brought out from the water, first a leg, and then an arm, and at last the trunk itself to shore.

On his return two hours afterwards he found the body lying on its back several steps higher on the strand than where he had left it, having been rolled over by the water, the other leg hanging in the water. One of the persons who saw it at this time stated that blood flowed from the nose and mouth. The body was watched, but suffered to remain on the same spot, in the open air, until the evening of the next day—about thirty hours. It was then removed, and its external appearances noted. The body was identified as belonging to J. M——, of M——, who had left his home on the 3rd of January, and had not since been heard of. There were reasons for suspecting that he had committed suicide.

The sleeve of the coat was torn, as were also the knees of the trowsers and stockings, and there was a hole, an inch and three-quarters long, in the upper leather of the boot. The body was much decomposed, and had apparently lain in the water from a fortnight to three weeks. On the vertex was a tumefaction to the extent of three or four square inches; how much elevated was not stated. On the forehead a contused wound, an inch and a half in length, and a quarter of an inch in width, having ragged, softened edges, from which blood flowed. The eyelids were swollen, the integuments had disappeared from the nose, the tongue was between the teeth, the abdomen was distended. Both knees presented abrasion, adherent pebbles &c.

On the 5th of February, the body was opened and examined internally. The stomach was found to contain undigested potato &c., but neither sand nor water. The diaphragm was not convex towards the abdominal cavity. The lungs were collapsed, leaving the heart exposed; of a bluish color, more or less adherent to the costal pleuræ, and when incised did not appear congested with blood. The heart and large vessels presented nothing unusual. The trachea and larynx were free from water or sand. The cranium was denuded of scalp and pericranium on the forehead, to the extent of more than an inch and a half. The scalp was, for an extent of four or five inches, loaded with dark blood, and œdematous. The skull bones were uninjured; nothing abnormal was perceptible between these and the dura mater. At that portion of the brain corresponding to the external sanguineous infiltration of the scalp, congestion of the cerebral vessels was observed; in other parts this was wanting: the sinuses were empty. The brain was healthy, so far as could be judged.

The inference drawn from the appearances thus described was, that the deceased had met his death from violence ap-

plied to the head, and that the body had been placed in the water after death; that drowning was not the cause of death.

Dr. Simeons, of Mentz, combats this conclusion. He remarks that many of the usual signs of drowning having been absent may be accounted for by the length of time that the body had lain in the water, and from the length of the period during which the body had afterwards lain exposed to the air. The aspect of the wound of the scalp, and the discharge of blood thence, served to indicate that it had not been inflicted during life, or immediately on its cessation. It was scarcely probable that a wound so inflicted upon a body which had lain nearly three weeks in the water, would bleed afresh at the end of that period; neither was it probable that so firmly adherent a membrane as the pericranium would have been so extensively separated as was found in this case. The existence of such lesion was far more readily explicable by supposing it to have been accidentally occasioned by post-mortem violence, in dragging the body out of the water on to the bank. The œdema, &c. of the vertex, Dr. Simeons held to be reasonably explained, as having arisen from the head of the deceased having come into contact with the ground, or some hard substance, at the time that he plunged into the water, supposing suicidal drowning to have been the cause of death. There was an absence of all appearances within the cranium indicating such an injury to the skull as would have proved fatal. The consequence of so long a submersion is, that blood would flow freely from the integuments when cut or lacerated. The deceased had dined just before he left his master's house, and on examination of the body, the undigested food was found in his stomach, proving that death had taken place within a very short period from his having left the house. Besides these considerations, other circumstances afforded support to the opinion that suicide had been committed.

Casper's Vierteljahrsschrift.

The Medico-Legal Relations of Injuries of doubtful Origin.—Cases are of frequent occurrence which, from their character, it is difficult to say whether they have originated in accident, intention, or violence. The following instances are related by Herr Hodann, to illustrate the difficulties in question.

1. A cooper had received two wounds on the front of the fore-arm, extending to the wrist, the one dividing the radial, the other the ulnar artery. The loss of blood was considerable, and the patient was exhausted. His own account of the accident was, that he had, with two knives in his hand, slipped from a narrow plank into the water, and that he had in this

way caused the two wounds. This history was confirmed by eye-witnesses. If these had not attested the accuracy of his statements, and rendered him aid, this man might have died in the water, and it would then have been a difficult question to have determined how he had come by his death.

2. The body of a woman, about forty or fifty years of age, was found in the Oder, far advanced in decomposition. In the pockets of the dress were several heavy stones, and round her neck was the rope of a clock, from five to six times tightly twisted, the end passed behind the ear, where it was tied in a firm knot. The larynx was compressed thereby, but not broken. No other injuries were observable. So far as the process of decomposition permitted observation, there was an absence of congestion of the brain, and organs of the chest.

Had the deceased died from hanging or strangling? How, under either circumstances, did her body come into the water? It transpired subsequently that she had left her home in a depressed state of mind, having written a letter in which she declared her intention to put an end to her existence. It seemed most probable that she had, in the first place, unsuccessfully attempted suicide by hanging; and that failing, she had completed self-destruction by drowning.

3. The body of a man was found in some water, with the legs firmly tied together; around the right wrist was another cord, the free end of which passed around the back, and was fastened on the front of the body to a loop at the other end of the cord, by an unusual knot. There was an entire absence of all other violence, or of robbery having been committed. The case was doubtless one of suicide.

4. A young girl, through disappointed love, determined on suicide. For this purpose, she inflicted such repeated blows on her head with an axe, that the integuments were reduced to a pulp, the periosteum was torn off the bone, and the bone itself depressed. She recovered from these injuries, but subsequently died insane. Had she been found dead, with the axe beside her, it would have been concluded that she had been murdered.—*Casper's Vierteljahrsschrift.*

Toxicology.

Poisoning from Œnanthe Crocata.—Dr. Birkbeck Nevins of Liverpool, related the following cases at a meeting of the Liverpool Medical and Pathological Society: On the 9th of September, four children ate some roots of the œnanthe

crocata (hemlock water dropwort) at 2 P. M; and about half past 6 P. M., they were taken to the Royal Infirmary, and admitted under the care of Dr. Turnbull. At that time one of them, a boy, at the age of casting his milk-teeth, was perfectly insensible; the face was livid and turgid. He had previously vomited blood, and bloody mucus oozed from his mouth on admission. The prominent symptom was *violent convulsions solely affecting the flexors throughout the body.* The trunk was powerfully bent forward; the hands were firmly clenched, even after death; and the jaws were so rigidly closed, that some of the front teeth were broken in opening the mouth to introduce a stomach-pump. The spasmodic contraction sometimes gave way for a few minutes at a time, but the extensors were never affected. The respiration was spasmodic till death. The pupils were at first contracted, but afterwards dilated; they acted very feebly under the stimulus of light. The pulse was almost imperceptible. There were no involuntary discharges. This state continued until death, which occurred twelve hours after taking the poison. There was no return of consciousness, and the spasmodic contraction continued, with slight intermissions, as long as he lived. There was no vomiting after his admission, and the stomach-pump removed nothing but a portion of a blackberry.

The quantity eaten in this case was about the size of a man's thumb.

The treatment consisted in the application of cold to the head, and the administration of diffusible stimula internally. Under this treatment the other children recovered. One of these was insensible and convulsed, and appeared as ill as the former. A third child had only abdominal pain, and no cerebral symptoms. The quantity eaten was unknown in the latter instances.

Dr. Nevins quotes from Woodville's 'Medical Botany' several cases of poisoning with this root, in which vomiting is specially noted as having been absent. The vomiting in the above case is explained by the boy having also swallowed several dulcamara berries, which caused vomiting.

Association Journal.

Death Forty Hours after Administration of Chloroform.—The coroner for Hull, æt. 49, had several polypi removed from the right nostril by Dr. Kelburne King. The patient had pertinaciously insisted upon the administration of chloroform, in opposition to the advice of Dr. King, who had urged that the operation did not involve sufficient pain to require the use of

an anæsthetic agent. During the administration of the chloroform, which was given to the amount of six drachms, on a handkerchief, the patient became so violent that an additional assistant was required. The state of insensibility having been obtained, was continued during eight minutes. Consciousness was completely restored after the operation, upon the freedom from pain &c., during which, the patient freely conversed. In the course of the same day, he experienced unpleasant sensations in his head. He passed a restless night. The next morning his pulse was 100, and rather full, and he seemed drowsy; in the afternoon he became comatose, and, in spite of all means, died about forty hours after the administration of the chloroform.

On making an examination of the body, about twelve hours after death, the principal morbid appearances were extreme sanguineous congestion of the brain, with some serous effusion; the surface of the greater part of the summit of both cerebral lobes were covered by a thin layer of pus adherent to the visceral layer of the arachnoid.

In the remarks which Dr. King has appended to the details of the above case, the author reviews the latest opinions on the causes of death from chloroform, and suggests that it is possible that asphyxia or syncope may occur, even after an apparent entire cessation of the effects of anæsthetics. The present case, Dr. King is of opinion, is not one of death from chloroform, but from obscure meningeal inflammation, having some connection with the existence of the polypi.

Edinburgh Medical and Surgical Journal.

Death from Chloroform during Labor.—A lady, twenty-five years of age, in full health, was in her second accouchement. Labor had progressed slowly for above thirty hours, when she expressed a wish for the inhalation of chloroform, which she had used in her previous labor. Her medical attendant, Dr. Freeland, advised against its use, and after waiting a few hours, bled her to fifteen or twenty ounces. The case having made but little progress, forty drops of tincture of opium were given, and the patient obtained some rest. When she awoke, she again importuned for chloroform, on account of pain in the abdomen and loins. Her pulse was strong and full, not exceeding one hundred; the tongue moist and clean; uterine action tardy: os uteri yielding; head advanced; pelvis capacious; no unpleasant symptom. Ergot of rye was then given. The patient insisting on having chloroform, Dr. Smith was sent for, who brought a small bottle containing not more than two ounces. This he placed on a table, within sight of the

patient. While Dr. Smith was receiving Dr. Freeland's account of the case, she obtained possession of the bottle of chloroform, and refused to give it up, inhaling it from time to time. When remonstrated with by the physicians on the peril she incurred, she answered that her pains were "quite comfortable." In this condition she remained for twelve hours. Upon a careful examination, no material change in arterial action or nervous power was discovered, but very clearly, as the physicians thought, a promising change in the rigidity of the organs; and the chloroform being gone, they felt confident that there would soon be increased uterine action, and a "triumphant" finishing up of the case. Absence, however, of all pain, a cold sweat, cold extremities, oppressed and whizzing respiration, receding pulse, and "vacant glare," pointed to a sudden and fatal termination. Delivery was immediately effected; stimulants, &c. were employed; but the patient died in about ten minutes afterwards.

This case is quoted from the report thereof in the Buffalo Medical Journal, December 1853, by Dr. De Wolf, who had been called in consultation at the last; and is given in Dr. Henry Littlejohn's report on toxicology, in the Association Journal, May 26th.

We cannot refrain from expressing some surprise that a patient, under the above circumstances, should be allowed by her medical attendants to have possession of a two-ounce bottle of chloroform, and repeatedly inhale its contents during twelve hours. The exhaustion of a previous lingering and painful labor, of thirty or forty hours' duration; the loss of from fifteen to twenty ounces of blood; and the administration of forty drops of laudanum to procure sleep—as they were not at any time the most favorable preparations for the inhalation of chloroform, so they formed, in this case, the more cogent reasons why it should have been given with the very greatest care, instead of being, without precaution, allowed to be loosely sniffed during twelve long hours. No apology can be grounded on the statement that the patient surreptitiously obtained the bottle, and determinedly retained possession thereof. The duty of a medical attendant is often more imperative in the direction of protecting patients from themselves, and the consequences of their own perversities, than in relieving them from the effects of pathological or extraneous influences. Firmness of purpose in such a case should go beyond verbal remonstrance, if the attendant would avoid painful after-reflections, and some remorse.

Notice of Lithograph.

We had intended to present our readers in this number with a lithograph of the fifth president of the Medical Society of Virginia, but our lithographer being unable to accomplish it in time, we shall be compelled to defer its insertion until the month of October.

Prize Essay.

At a meeting of the Medical Society of Virginia, held in April 1853, the following resolutions were adopted:

1. That a medal or some suitable testimonial, not to exceed fifty dollars in value, be awarded annually by the society for the best Essay upon some Medical Subject.

2. That a committee of three be appointed to examine all Essays that may be offered, and select the one worthy of such medal or testimonial.

At a meeting of the society, held in April 1854, on motion of Dr. Atkinson, it was resolved that the subject of the next Prize Essay should be *Pneumonia*, and the president of the society was directed to appoint a committee of three to award the premium.

In order to carry out the above resolutions, the president of the society has appointed the undersigned a committee to examine such Essays as may be offered on the subject of pneumonia. All communications must be addressed to the chairman of the committee. They must be accompanied by a sealed note, containing the name of the writer and bearing upon its face a motto corresponding to the one prefixed to the Essay.

Unsuccessful Essays will be returned, should the writers so desire. No Essay will be received after the first of March 1855.

All communications forwarded by mail must be prepaid.

David H. Tucker,
Richmond.

John Staige Davis,
University Va.

John J. Thweatt,
Petersburg.

April 22d, 1854.

Semi-Annual Meeting of the Medical Society of Va.

We hope that *all* the counties throughout the state will be well represented in the semi-annual meeting of the Medical Society of Virginia, which is to convene in Petersburg on the *third day* of October next.

BOOKS, ETC. SENT FOR REVIEW.

The Modern Treatment of Syphilitic Diseases, both primary and secondary, comprising the treatment of constitutional and confirmed syphilis by a safe and successful method, with numerous cases, formulæ and clinical observations, by Langston Parker, surgeon to the Queen's Hospital, Birmingham, from the third and entirely re-written London edition.—From the publishers, Blanchard & Lea, through A. Morris.

A Clinical Introduction to the Practice of Auscultation, and other modes of Physical Diagnosis, in diseases of the lungs and heart; by H. M. Hughes, M. D., Fellow of the Royal College of Physicians, Assistant Physician to Greg's Hospital, &c —second American, from the second and revised English edition. From the publishers, Blanchard & Lea, through A Morris.

Observations on Exhaustion from the Effects of Heat, (Coupe de soleil,) by H. S. Swift, M. D., resident physician of the New York Hospital.

Observations on the Asiatic Cholera, as it appeared in Cincinnati in 1849-50, by Thos. Carroll, M. D.

Transactions of the Fifth Annual Meeting of the Medical Society of the State of North Carolina, held at Raleigh, May 1854.

LIST OF EXCHANGES FOR AUGUST.

The British and Foreign Medico-Chirurgical Review. The Boston Medical and Surgical Journal. The American Medical Monthly. The Medical News. The New Jersey Medical Reporter. The New York Medical Times. The New Hampshire Journal of Medicine. The Virginia Medical and Surgical Journal. The Philadelphia Medical and Surgical Journal. The Medical Examiner. The Southern Medical and Surgical Journal. The Georgia Blister and Critic. The New York Journal of Pharmacy. The New York Medical Gazette. The Nashville Journal of Medicine and Surgery. Ranking's Abstract. The Western Lancet. The Peninsular Journal of Medicine. The Medical Chronicle or Montreal Monthly Journal. The Scalpel. The Buffalo Medical Journal. The Southern Literary Messenger. The Southern Planter.



Lith. of Edelkies & Dunnavant, Richmond, Va.

J. Knapp, M. D.

THE

STETHOSCOPE.

THE PROPERTY AND ORGAN OF THE

MEDICAL SOCIETY OF VIRGINIA.

Edited by a Committee of the Society.

VOL. IV. RICHMOND, VA., OCTOBER 1854. NO. X.

Application of Electro-Galvanism as a Therapeutical Agent.

Both electricity and galvanism have, for a long time, been used as remedial agents in the treatment of disease; and many cases are found on record, where these means have accomplished ends that had previously foiled the best directed energies of the materia medica.

Our wish, at present, is to call the attention of our readers to a *new mode* of applying electricity and galvanism as a therapeutical agent, and, afterwards, to report a few cases that were treated at La Charité hospital in Paris, by Le Docteur Duchenne, (de Boulogne,) the inventor of a galvano-electric apparatus.

According to Dr. Duchenne, the electric excitability of the different regions of the body is so great, that they not only require a regular scale to graduate the amount of fluid generated, but also a difference in the medium through which this fluid shall be applied, (the conductors of course remaining the same.) Accordingly, he divides these exciters (or mediums of application) into three different kinds, and calls them: "La main electrique; les excitateurs métalliques pleins; les fils métalliques."

As each one produces a special effect, and as their names

will be retained in reporting the cases hereafter, we will give a brief outline of the meaning intended to be conveyed in each instance.

1st. "La main electrique." By this means, the conducting wire from one of the poles is surrounded at the end with a piece of wet sponge, and then embraced in a metallic cylinder, so as to allow the sponge to protrude a short distance beyond the end of the cylinder. This is then applied to some point of the body of the patient that is not very easily excited, whereas the wire from the other pole is held in the hand of the operator, who, after having dried well the parts to be acted on, passes over them rapidly with the dorsum of his free hand.

2d. "Les corps métalliques pleins." By this mode, the conducting wire is attached to a metallic exciter of a cylindrical, conical or olivary form, mounted on an isolated handle. With any of these the parts to be acted on may be excited, having previously dried them as before, except in instances where the skin is very dry and hard, as in the palms of the hands and soles of the feet. These we are compelled to moisten before commencing the operation.

3rd. "Les fils métalliques." By this mode, the conducting wire is attached to a cylinder, embracing a bundle of small wires, which are made to extend beyond the end of the cylinder, in the form of a broom or brush. With this the parts to be acted on are gently struck from time to time, or allowed to remain for a few seconds in one place. The first of these is called "fustigation electrique," and the second, "le moxa electrique." The latter is so very painful, that patients cannot bear it but for a very few seconds.

The application of these three modes, to different parts of the body, vary in their effect. For instance: "La main electrique," applied to the face, produces a very sharp pain; but when it is applied to the body, even under a very intense current, it is scarcely observed by the patient: "Les corps métalliques pleins," on the contrary, under a very insignificant current, acts powerfully on the body, but not at all on the palms of the hands and soles of the feet—these latter requiring always the application of "les fils métalliques."

The first case that we will call attention to, is an affection of the sciatic nerve, in which the exciter was applied around the region of the ear, from the fact, we are induced to believe, that some surgeons in France, at one time, fancied an application of the actual cautery to the helix would relieve sciatica.

Case 1. Gobert, a coucierge and shoemaker, thirty-nine years of age, entered La Charité hospital, and was placed

under the direction of M. Cruveilhier. Previous to this time, he had occupied a very damp lodge, for two years. Still, he had never suffered any pain in the extremities, nor had he any derangement of the general health. But, not being satisfied, he concluded to change his room for one that was dry and airy. After having occupied this for six months, he was, on the 2nd of September, seized, without any apparent cause, with a weakness in the lower extremities. This, however, did not cause him to suspend his accustomed labors; but soon to this weakness was added a very acute and continued pain, extending on each side, through the popliteal and sacral regions. Pain also was induced, by the movements of the body, in the lumbar region; and it becoming so violent, G. was induced to consult a physician, who ordered him a purgative; then twenty-five leeches and a blister to the lumbar region.

These means, according to G.'s account, relieved the lumbar pain, but still it increased in the other parts; as also did the muscular weakness; and he concluded to enter Necker hospital, which he did on the 19th of September. There, he was cupped at two different times, and cauterized twice on the side and lower part of the spine. This treatment was continued for thirteen days; and not finding his condition improving, he concluded to leave Necker hospital, and enter La Charité.

His condition, at that time, was the following: Nervous temperament; pale and anæmic complexion; no fever; pain sharp and continued over the course of the sciatic and popliteal nerves, with increase, upon the slightest movement or pressure over the parts; nocturnal exacerbations; increase of cutaneous sensibility only in the lower limbs; loss of sleep, and general muscular weakness.

On the 10th, M. Duchenne excited sharply the auricular region of both sides for about two minutes; but this short space of time produced such violent pain as to induce the patient to cry out. He then discontinued the application, and with a cessation of the artificial pain, there was a disappearance of the morbid one. In vain the patient turned in every direction, and pressed in every part, without recalling his previous suffering.

The day following the operation, M. Cruveilhier and M. Duchenne found that the patient had slept quite well the previous night; and still there was no return of the pain, although firm pressure was made over the course of the nerves. The muscular weakness, however, continued; so much so, indeed, that the patient could not retract his limbs when once extend-

ed; nor could he sit in the upright posture, although he used his upper extremities to assist himself. He continued in the hospital until the 28th of December, and still there was no return of the sciatic pain. The paralysis, in the mean time, continued rapidly to ameliorate; and, finally, he was discharged perfectly cured.

Case II. La Charité hospital—service of M. Briquet. Marie, aged 24 years, hysteric, and suffering under amenorrhœa; had lost, for eight or ten years, the sensibility in several regions of the left half of the body and face; the senses of sight, taste, hearing and touch were also very much changed. The attentions she had received, in several of the hospitals of Paris, had not at all improved her condition; and finally, she concluded to enter La Charité. Upon examination, the left half of the face was found so devoid of sensibility, that no impression could be made on it, either by pricking it with pins, or the application of heated bodies. This being proved, M. Briquet requested M. Duchenne to make an application of electro-galvanism, commencing with "la main électrique" and "les excitateurs métalliques pleins;" but, after several applications were made, and no appreciable effect produced, he concluded to remove them, and apply "les fils métalliques." Still, no effect was produced, although the apparatus was at its maximum. M. Duchenne now held the exciter in one place for four or five minutes. After which, the patient felt a tickling sensation, followed by heat and burning. The intensity of the current was then diminished, and "les fils métalliques" reapplied. After several applications in different points, the sensibility was established and fixed, as were all the various senses which had so long been blunted; and the patient was discharged cured.

Case III. La Charité hospital—service of M. Briquet. Jean, a painter, entered the hospital, to be treated for painters' colic. No sooner was he relieved of this affection, than he commenced to suffer pain in all of his limbs, especially those of the upper extremities. The skin at first was so very sensitive, that even the friction of his shirt produced pain. Soon, however, this state of hyperæsthesis was changed to the opposite condition of hypoæsthesis, and the skin became so entirely devoid of sensation, that no impression could be made on it, either by pinching or sticking it with pins. The hands also lost the power of touch, &c.; and this state of things remained for some weeks, although sulphurous baths, &c. were used, but without producing the desired effect.

M. Briquet now concluded to submit him to the action of galvanism. Accordingly, M. Duchenne applied to one of the

limbs "les excitateurs métalliques pleins." This, however, produced no effect, although the apparatus was at its maximum. He then changed the part acted on to the opposite limb, which he excited with "les fils métalliques tenus en place." After some minutes, the sensation produced was so violent, that he was compelled to discontinue its action, and replace it by "les excitateurs métalliques pleins."

Thus, in one single operation of ten minutes, the limb recovered its normal sensibility. The sense of touch was next relieved by exciting the collateral nerves of the fingers, having previously moistened them.

Two days after this, the patient continued to preserve the sensibility in the limb, which had been acted on by "les fils métalliques;" whereas the other, which had been excited by "les excitateurs métalliques pleins," still remained insensible. This was now acted on by "les fils métalliques;" and the effect produced was so very happy, that the patient was discharged in a few days from the hospital, perfectly relieved of his anæsthesia.

Case iv. La Charitè hospital—service of M. Briquet—Marie Roussel, 32 years of age, a vender of vegetables in the streets; born in the country. Her mother, she said, had frequent attacks of hysterià. Marie menstruated, for the first time, when she was ten years and a half old, and continued *regular*, and in fine health, until she was seventeen, at which time she was called from her home and friends. This caused her to suffer very much from "*ennui*," loss of flesh and strength; and this state of things continued until she was twenty—when, one day having had a dispute with her employer, she was suddenly seized with a violent hysterical attack, accompanied with convulsions, grinding of the teeth, and loss of consciousness; and from this time, she became subject to these paroxysms every two or three months.

These attacks, which appeared to arise without any immediate exciting cause of the mind, were never as long or as violent as those produced by mental impressions. She had now been married for six years, and during that time had two accouchements and two abortions. For eight or ten years she had suffered from leucorrhœa, and for the last three, with violent pains in the left side, cephalalgia, and pains in the epigastrium; arrestation of menses for three months, with great increase of all the nervous symptoms.

On the 23d of September, she entered the hospital, and her condition at this time was the following: Medium stature, with lymphatico-sanguine temperament; quick, though not very easily excited; cephalalgia; pulsating and lancinating,

as well in repose as in moving about; preservation of appetite; almost continual sensation of strangulation about the throat; pains in the epigastric region and in the left side, about midway of the floating ribs; pain upon pressure of the abdominal parietes and of the muscles of the pubic region of the left side; also of the spine, from the sixth to the twelfth dorsal vertebræ, and of the scapular region; almost complete insensibility of the skin of the whole back, and side of the face, head, and limbs of the left side; (the patient says, before this anæsthetic condition presented itself, the skin was exceedingly sensitive, accompanied with deep pains in all the regions we have mentioned above;) insensibility of the conjunctival, nasal and buccal mucous membrane of the left side; loss of sight, taste and smell of the same side; loss of sense of touch in the fingers, with weakness in the inferior and superior limbs, dating for about six months; paraplegia at present so great that the patient cannot walk without the aid of an assistant; and then she is obliged to drag her limbs without being able to lift them up; suspension of the catamenia; abundant leucorrhœa, with slight pain in passing water; slight *bruit* in the left carotid; heart normal; slight difficulty in respiration in walking; preservation of appetite; digestion good; pulse natural.

During the first weeks, the epigastric and abdominal pains were treated by blisters, antispasmodics, general baths, &c. &c.; but the patient, not being improved by this treatment, M. Briquet concluded to try the therapeutical effects of galvanism; and an application was first made on the 11th of October.

In one single application, of five minutes, by "la main electrique," the sensibility was restored to the face; and upon the second application, the senses of smell and taste reappeared.

The left superior extremity was next acted on, by "les balais métalliques." During the first few minutes, no effect was produced, although the apparatus was at its maximum. Soon after this, however, there began to appear, at the points where the exciter had been applied, the following phenomena: Redness, heat and slight tickling, rapidly followed by a sensation of burning and the most intolerable sticking. "Les balais métalliques" was now removed, and "les excitateurs métalliques pleins" applied, with a diminution of the current one-half.

In those points where the exciter had now been placed, the sensibility was perfectly restored, but the others remained as insensible as before. These were next acted on, and sensation

established as perfectly as in the former instance. The hand of the left side was next acted on, but the epidermis of the palm and pulps of the fingers were found so dry and hard, that the current produced no effect, although it was very intense. The skin was now slightly moistened, and "les balais métalliques" reapplied. In an instant, the electric current was observed, especially in the pulps of the fingers; and soon the sensation became almost normal.

The patient was now presented a pencil, and she readily distinguished the various points, also the head of a pin, with which she attached her handkerchief. This she had not been able to accomplish for a long time before.

October 12th—Return of catamenia, which had been absent for three months; retention of sensibility in the parts acted on the day previously. Galvanism was now suspended for several days; and still there was no return of the former anæsthesia. The left foot was next acted on, with rapid return of sensibility. The patient could now feel pressure on the sole of the foot, still she was unable to walk, as there appeared to be attached to her limb a heavy weight. Yesterday, she had two violent hysterical attacks, followed by a heavy, pricking sensation in all the left side. To-day, all the points that had been restored to sensibility, are again seized with anæsthesia, with the exception of the sole of the foot that was excited yesterday; but "les excitateurs métalliques pleins" was again resorted to, and the sensibility restored. Since the hysterical attacks, the patient has suffered with violent pains in the head and epigastrium. The frontal pain becoming so violent, "la main electrique" was applied, which immediately removed it. The epigastric was next treated by the "fustigation electrique."

November 1st—To-day, application was made from five to ten minutes, to fix the sensibility in the parts that had been anæsthetic.

The 10th—Patient has had several more attacks of hysteria, but no return of the insensibility in those points that had been frequently acted on, but a return in the parts that had only been excited once.

The 24th—Sensibility in all points normal; complete return of muscular force in the superior extremity, (for some time established;) in the inferior, its return was much more gradual. To-day, the step and muscular force appear to be perfectly established; the catamenia have appeared for the second time, but the discharge was very slight. The uterine exciter was applied to the cervix, which soon produced an uneasy sensation in the hypogastrium and hips, followed by

violent pains in the uterus, and an immediate return of the menstrual flow, which had stopped for two days; but it was only in a very small quantity, and lasted for a few hours, and was followed by a leucorrhœal discharge, which has now entirely disappeared. To-day, the patient is entirely free of her cephalalgia; no more pain in the intercostal spaces, abdomen, or in the limbs. Still, although this great amelioration has taken place, the hysterical attacks continue, but not with half their former violence. Some few days after this, the patient was discharged entirely cured of her paralysis. Two months afterwards, Marie was seen; and although she had suffered from several hysterical attacks, there was no return of the other symptoms for which she had entered the hospital.

Case v. La Charité hospital—service of M. Andral. Marie H. was brought to the hospital in a state of complete asphyxia, produced by inhaling the fumes of charcoal. Every attention was immediately extended to her, without improving her condition. Twelve hours after, she was found in the same condition as when she was received, not having given, in the interim, any signs of consciousness. The insensibility was so complete, that the blisters and sinapisms, which had been placed on her the day previous, had not produced any effect. In this condition, "les fils métalliques" were applied to the internal parts of the legs, the apparatus being placed at its maximum; but during the first *seconds* of the application, the effect produced was so very slight, that she did not appear to notice it. Soon after, however, she began to give signs of pain. "Les fils métalliques" were then removed from the legs, and placed upon the thorax, and this brought from her the most violent cries of suffering, and with it, a return of consciousness. She could now extend her hand, and show her tongue, but she could only reply to questions addressed to her, by yes and no. The respiration now became less difficult; the cheeks began to color, and the lips became less violet. This condition unfortunately, however, lasted but for a short time, as the asphyxia returned; and some few hours after, the patient died.

We have not a doubt but if twelve hours previously galvanism had been resorted to, this patient might have been rescued from death; and we would now most strenuously recommend its immediate application in all similar cases.

M. Jobert de Lamballe advises, very strenuously, the application of electro-galvanism in those cases where chloroform has been administered to too great an extent, and says many patients may thus be saved from immediate dissolution.

We have never ourselves seen the application made, and therefore cannot express an opinion; but, coming as it does from the distinguished surgeon of Hôtel Dieu, we cannot but respect the suggestion, and hope the day may come when it will prove to be *most true*. E. G. H.

A Case of Quadruple Birth.

BY S. KENNERLY, M. D., AUGUSTA COUNTY, VIRGINIA.

On the night of the 5th of August, I was called to see Mrs. W., supposed to be in labor. On my arrival I was informed by my friend, Dr. A. Waddell, who had also been called in, that he had just delivered the head of a child, which had been expelled feet foremost, the head being retained. He was told that it had been in that position for two hours. Upon examination, we found that there was a second child inclosed in its membranes; and as there had been no recurrence of pain since the partial expulsion of the first child, and the mouth of the womb being entirely relaxed, we concluded that the safest plan would be to administer ergot, and complete the delivery. We accordingly gave her 3 i of liquor ergotina, prepared by Purcell, Ladd & Co., which quickened and increased her pain; and in three quarters of an hour, the second child was expelled, followed by a subsidence of pain. On examination, we found a third child presenting, breech foremost, with no membranes around it. After waiting half an hour, and no pain recurring, we brought down the feet, and repeated the liquor ergotina in the dose of 3 ss, and in half an hour, the third child was expelled. On examination, we found a fourth child presenting, head foremost, which was expelled in about twenty minutes, inclosed in its proper membranes. There were two distinct placentas, and they soon followed the birth of the fourth child. One was very large, and divided into three distinct lobes, each lobe having its respective chord attached to its centre. The smaller placenta was a little larger than either lobe of the larger placenta. The children (three boys and a girl) were all born alive, but neither lived over fifteen minutes. I suppose they were not viable, for they were evidently born too soon, though they were perfect in every respect, so far as I could judge. The finger and toe nails were perfect. They weighed nearly 8 pounds next morning, and measured 16 inches in length.

Mrs. W. did not expect to be confined until the latter part of October next, and thinks she quickened about the middle of June. So the children must have been under seven months. She did not suffer as much as in either of two former labors of single births, and is doing remarkably well. What seems a little singular is, that there should have been a total suspension of uterine contractions for two hours after expulsion of the first child, even while its head remained in the vulva, and the second child protruding from the womb into the vagina. I think that the second and third children were inclosed in the same membranes, though their cords were each attached to its respective lobe of the larger placenta. There was but little hemorrhage, and the womb contracted well after the expulsion of the placentas.

Since the occurrence of the above case, I have attended three other women in confinement, two of whom had twins; neither of which cases possessed any particular interest.

August 24, 1854.

A Case of Infanticide.

BY JOHN P. LITTLE, M. D., OF RICHMOND, VIRGINIA.

The following case is reported, because it so plainly showed the two chief signs by which we know that fœtal life has ceased, and life, extrauterine, has commenced. The woman had been perceived to be pregnant, and being unmarried, had always denied her pregnancy. I saw her on the day of her labor. She was then going about attending to her ordinary avocations. In the evening, on being summoned, I found that she had been delivered privately, had concealed the birth, thrown away the placenta, and that the child was dead. This was on the 8th of August last. An examination was made the next morning, by Dr. Beale and myself. We found marks of fingers on the throat, as an external proof of strangulation. Internally, we found the brain somewhat congested; the windpipe open, containing air, and its lining membrane also congested; the lungs fully expanded, filling the lateral cavities of the chest; their color a pale red, and crepitating on pressure. We removed them; they floated on water; we divided them into small pieces; every part swam on the surface. Air had, therefore, penetrated to every part of the lung; and this could not have been done unless full

and perfect breathing had been established. We examined the heart. The ductus arteriosus—that vessel leading from the pulmonary artery where it divides into branches, and through which the blood of a fœtus in utero passes into the aorta, instead of through the pulmonary arteries into the lungs, as it does in extrauterine life. This vessel had undergone those changes which show that the extrauterine circulation had taken place. Instead of being cylindrical, of half an inch in length, and of the diameter of the pulmonary artery, it was shortened, contracted to a size smaller than that of the pulmonary artery, and was conical in shape, the apex of the cone being at the aorta.

These two conditions proved, 1st, that the child had breathed freely; 2d, that there was more than a single inspiration. The child must have lived several minutes, breathed until its lungs were filled with air, and its fœtal circulation had ceased, because the circulation of separate life had been set up.

Had there been but a commencement of this, the ductus arteriosus would have been oval instead of conical, and it would not have been so much contracted.

The child was perfectly healthy and well formed. We decided that it had been born alive, and from the marks upon the throat, from the cerebral congestion, as well as from the absence of any other sign or cause of death, we concluded that it had been strangled.

When the case came up for trial, the lawyers, who were pretty well posted in medical jurisprudence, were, as usual, very inquisitive. They wished to know whether the cord might not have passed round the child's neck and have strangled it. Had this been the case, however, the child could not have breathed, and neither the heart or lungs have presented the appearances described, nor would there have been any mark left on the throat. The cord, when it strangles, does not produce or leave a bruise.

It was then asked, whether the woman might not have made these marks in endeavoring to deliver herself, and the child have been born alive with its throat bruised, and yet have died from some other cause.

The navel string had been cut off close to the body. The question was raised, whether this might not have caused death after delivery, and after the throat had been marked in the parturition.

The absence of any flow of blood proved that the child was dead before the cord had been cut. The marks upon the throat were low down, and bore the appearance of a

right hand grasping the lower part of the neck, the fingers pointing upwards. Had they resulted from the mother's efforts, they would have been under the chin.

Every practitioner will at once see the impossibility of a parturient woman using force in assisting her own delivery. Doubts were expressed as to whether a woman could do as this one had done, viz: have a child without being missed from her place more than a very short time. Cases were cited to prove this possible, and among them, that of the French actress, who, in the interval of a play, stepped from the stage to the green room, was delivered of a child, returned to the stage and acted out her part as usual.

The infanticide was considered as satisfactorily proved.

RICHMOND, Sept. 1st, 1854.

MESSRS. EDITORS—I wish to enquire, through your journal, whether any one has observed that, up to a certain time of life, very young children are not liable to be attacked by the mumps.

I have never seen a very young infant affected by this contagious disease, although I have frequently seen infants in the same room, and even the same bed, with other and older children, who were laboring under this complaint. My impression is, that a child will not receive the mumps until it has begun to cut teeth. That there is a very peculiar condition of the salivary glands of the infant, is proved by the well known fact, that you cannot salivate a child until it is about three years old; that is, when its first teeth have made their appearance. Before this period, the food of the child, consisting of milk, does not require either teeth with which to masticate, or an abundant saliva to soften its food.

It is a fair inference, that before this period, the salivary glands are not fully developed, or they would be acted on by mercury. And it is, I think, also a fair inference, that before these glands are fully developed, that disease, which is peculiar to them, cannot very well make its appearance.

My observation has been, that until children begin to cut teeth, they will not be liable to mumps.

Can any of your readers give me information on this subject? The books are silent in regard to it.

The enquiry is not without its importance, as physicians are

frequently consulted by parents, as to the danger of taking an infant into a place where this complaint prevails.

Whilst upon this subject, I would also ask whether the danger of transference of this disease to the testicles, is not almost entirely confined to those who are attacked at and after the age of puberty?

All of the cases that I remember to have seen reported, and all that I have met with of this metastasis, were in those who had attained the age of puberty.

Young children did not seem liable to it; and this, I suppose, is due to the fact, that the testicles in one sex, and the mammæ in the other, are, up to this period, not fully developed organs; and consequently, could not take upon themselves this action.

John P. Little, M. D.

Medical Society of Virginia.

Concluded.

At the close of our remarks, in the September number of this journal, the resolution of Dr. Parker, for the appointment of a committee to bring forward some plan to organize the profession of the state, was quoted. It was adopted by a large majority. Had not the society received a considerable accession to its numbers, it is *probable* that the opposition would still have triumphed. As it was, the discussion of the subject was limited to *called* meetings. By this arrangement, the business of the *stated* meetings was uninterrupted, and the president, at the instance of a certain number of members, could call a meeting at any time. At the April meeting 1851, the subject of a registration law was brought before the society, and a committee appointed to act in concert with another, to be appointed by the professors of the medical department of Hampden Sidney College. This joint committee was empowered to bring the matter before the convention which had been called, in order that a petition, on this subject, to the legislature, should emanate from that body.

The committee on organization called a meeting, on the

18th April 1851, and presented their report. The committee consisted of seven, five of whom concurred in a majority report, while two of their number presented a minority report.

The report of the majority set forth the advantages of a well regulated organization, and, in a series of resolutions, detailed the plan by which they proposed to accomplish it.

The minority report was offered as a substitute. In this paper, the organization of the profession was also recommended; but it was contended that the existing constitution and by-laws of the society, with some slight modifications, were abundantly sufficient to carry out the scheme.

Another substitute was offered, "recommending the formation of primary societies, to constitute a state association, and similar to that of the American Medical Association."

After a long debate upon these several propositions, a motion was made to lay the whole subject on the table, and lost.

The discussion proceeded, and the substitutes being rejected, a paper was read, and offered as a substitute to the report of the majority, which was finally adopted by a decided majority of the members present.

This paper may be found in Vol. 1, No. 5, of this journal, for May 1851.

It was in effect, an old plan revived; and, with some few alterations of the constitution and by-laws of the society, has answered the purpose for which it was intended. The *chief* alteration required, was to make the meetings of the society annual, instead of monthly, as had been the case when scarcely any other members attended than those resident in the city of Richmond.

The annual meeting occurred in the month of May; Dr. Beverley R. Wellford of Fredericksburg was elected president for the ensuing year. Several gentlemen were elected members of the society, and ten committees were appointed to report on as many different subjects, "at their convenience."

During the months of June, July and August, the society transacted its ordinary business. Nothing of general interest

transpired until the month of September, when a code of ethics was adopted for the government of apothecaries and physicians; and in October, certain alterations to the constitution, necessary to the organization of the profession throughout the state, were ratified by the society.

At a subsequent meeting, a new form of diploma was adopted, substituting an English for the Latin one formerly used by the society, and a committee was appointed to draft "the plan of a law for the effectual registration of births, deaths and marriages, and to memorialize the legislature, at its ensuing session, for its passage."

In December of this year (1851) resolutions were unanimously adopted, calling together the physicians of the state in convention, and the time fixed upon was the last Tuesday in April 1852. They were summoned "for the purpose of effecting a thorough organization of the profession, and for advancing the interests of medical men in the commonwealth." The annual meeting of the society this year, was by a formal resolution, appointed for the month of April; and a committee was instructed to memorialize the legislature for the passage of a law establishing a state board of examiners, for the examination and license of practitioners of medicine, and report to the annual meeting on the first day of its session. This resolution was subsequently altered, so as to allow the committee to present their memorial to the legislature, without making any report to the society.

The stated meeting of the society for April, occurred on the 27th of the month. At several previous meetings, large numbers of gentlemen had been proposed and elected members; and as the annual meeting was to convene on the day following, and as it was known that matters of great interest would be laid before it, the attendance was unusually full. This was the time, at which a *practical* effort was to be made to organize the medical men of the state; and it became necessary to appoint a committee to *revise* the constitution and by-laws, so as to make them entirely applicable to that condition of things which was so speedily to ensue.

On the 28th, the annual meeting was called to order by the president, Dr. B. R. Wellford.

After reading the minutes of the previous meeting, and electing additional members, a series of resolutions were offered by Dr. G. A. Wilson, setting forth the various measures of reform which it was thought the occasion demanded. These resolutions contemplated an efficient organization of the profession; the appointment by law of a board of medical examiners, the elevation of the standard of medical acquirement; and expressed a deep interest in the success of the medical schools of the state, believing that the establishment of a board of examiners would redound to their benefit.

These several propositions were discussed at great length, and were all unanimously adopted, except the 4th resolution, which, for a full understanding of the subject, we will quote, in the language of the mover:

Resolved, "That we approve in the main of the bill reported by the committee of the senate, as probably the best that can be done at present, but that it will be the aim and policy of the society through its nominees for this board, constantly to increase the stringency of its provisions, and to elevate the standard of medical requirement."

This referred, as is perceived, particularly to the bill calling for an examining board, which the committee, appointed on a former occasion, had presented to the legislature for its sanction. If we remember rightly, (for we have not the bill before us,) the board were empowered to examine *any* applicant, and give him a license to practice medicine, should he be found qualified. Such a feature in the bill would not render it necessary for the applicant to attend a prescribed course of lectures—qualification being all that was demanded. Should this bill become a law, it was supposed that the medical schools would have but few students at their lectures.

In order to reconcile opposing interests, a substitute was offered, "requiring, as a condition precedent to every examination by this board, that the applicant shall have been graduated in medicine, and that the examinations by the board

shall be open to the presence of the medical faculty of the state."

The discussion continued to a late hour of the afternoon, when the society adjourned to the hour of half past eight o'clock P. M.—the time appointed for the delivery of the president's address.

At the conclusion of the address, the substitute quoted above was taken up, and adopted by a decided majority.

It is proper to mention, however, that two amendments were sought to be engrafted upon the substitute, both of which were voted down. By the one, all applicants, who held a diploma from any one of the regularly organized medical colleges of the state, were to be exempt from the payment of any fee to the licentiate board; and this was to be enforced for the term of six years. By the other, the board was required to assemble but once instead of twice during the year, and to hold its sessions alternately in the city of Richmond, and in some other town in the state.

This subject now being disposed of, and some of the standing committees having made their reports, another series of important resolutions were offered, and adopted with very general approbation.

By these resolutions, the society pledged itself to support such of the medical schools of the state as should co-operate with it in carrying out the measures of reform it had adopted; urged upon the trustees and faculties of the schools to select for professors well qualified physicians of our own state, with a view of fostering its native talent; recommended to the profession at large to adopt such measures as would most readily secure the passage of such legislative enactments as the society has with much unanimity advised; and provided for the appointment of two committees: the one to address the physicians of the state, setting forth the nature of the measures of reform inculcated by the society; and the other, to make "such representations to the legislature as it may deem proper and expedient, as to the reform sought to be accomplished."

After the passage of sundry resolutions, considered neces-

sary to the well being of the society, and the election of additional members, the society was informed by its committee on the constitution, that it was ready to report such amendments as were required to render *complete* the organization of the profession of the state. These amendments were debated, and perfected as far as possible, and, under their provisions, the society has harmoniously assembled since that period.

The election of officers took place on the 30th of April 1852. Dr. James Beale was chosen president for the ensuing year. The regular committees were then appointed, and, after the passage of several resolutions of a local character, the society adjourned to the first Tuesday in April 1853.

For the proceedings of that and the present year, our readers are referred to the pages of the Stethoscope.

Dr. Thos. P. Atkinson succeeded Dr. Beale as president of the society; and at the last annual meeting, Dr. Carter P. Johnson was appointed to that office.

The task we imposed upon ourselves is now finished. In its execution, many imperfections may no doubt be detected, and we may have omitted some matters of importance. We have purposely overlooked all subjects other than those possessing a *general* interest.

The Medical Society of the State of New York and the Medical Schools of the City.

We call the attention of our readers to the following extract from the Transactions of the Medical Society of the State of New York. This society is the pioneer in measures of medical reform. At its call, the National Medical Convention assembled, which formed the American Medical Association. As we have shown in a former number, the chief object of the whole movement was to remedy the defects of our system of medical education, and to correct the abuses which have crept into that inadequate system, under the influence of

rivalry and a spirit of competition, stimulated and restricted to considerations of dollars and cents.

The State Medical Society of New York—having witnessed the practical inefficiency of the National Association to effect these objects—having seen their beneficent designs thwarted by the powerful combined influence of the teaching interest, has nobly set to work, within its own geographical limits—setting an example worthy of imitation, and fully vindicating their devotion to principle and to the best interests of the medical profession.

The important point, developed in the following proceedings of the New York Medical Society, is the fact, that this society claims that the profession at large have rights and interests in the conduct and management of medical schools—rights extending at least to their general supervision.

We honor institutions recognizing and according these rights, whilst we have no sympathy for such as seek to exclude the profession from their government—throwing them in the hands of unprofessional citizens.

None but medical men can properly appreciate the demands of medical science; and it may now be regarded as a fixed fact, that the lecturers in the schools are not to be trusted to institute such prolongation of the terms and amplification of the courses of instruction as the national association recommended, and as the teachers of medicine themselves know to be needed.

We bid our brethren of the New York State Medical Society God speed in their good work. We would like to see established, under the auspices of this society, in their great commercial emporium, a real UNIVERSITY of medicine. It might adopt one of the existing schools, or begin de novo.

New York city furnishes every advantage for such an institution. Its immense commerce carries to it the denizens of every clime, filling its numerous and extensive hospitals with diseases of every latitude.

But let it be a university in fact as well as name; in which

scientific, theoretical and practical instruction have each their due allotment of time. Let the courses of instruction be extended to at least nine months, *two* full courses being required for graduation in the school, or one of them in an institution with the same length of sessions.

Such an institution would soon command the confidence and patronage of medical men all over the Union.

The timid see difficulties in the path of such an institution. They fear medical students would not be willing to encounter so much labor, such protracted study, and increased expense.

We believe such fears do injustice to the ambition and self-devotion of a large number now seeking the ranks of the profession.

How many medical students now spend the summer in the northern cities, when it is optional with them to do so?

How many annually go abroad for the benefits of such instruction?

WE APPREHEND THIS FEAR OF INCREASED LABOR IS MORE PREVALENT WITH PROFESSORS THAN STUDENTS.

The University of Virginia is the only educational institution in the south, which has ever attained wide-spread popularity, with permanent and eminent success.

Its system of instruction is probably more thorough and standards of scholarship higher than any other in the Union. Neither is it a cheap institution, yet it is crowded to overflowing in its literary and scientific, its legal and medical departments.

We throw out these suggestions for the consideration of that society, which has won the distinction of Flag Ship of the Squadron of Medical Reform.

Dr. Rockwell, from the censors of the southern district, reported. Adopted.

The censors of the southern district, and the committee of nine added to their number at the annual meeting of the society, in 1853, to attend the examinations of the medical schools in the city of New York, beg leave respectfully to report that:

They received invitations from the faculties of the College

of Physicians and Surgeons, in Crosby street, and from the New York Medical College, in Thirteenth street, to attend their examinations, which they accepted. They attended the examinations of these two schools with great satisfaction. They appeared, to the committee, to be thorough and searching; and we are satisfied that no gentleman received a diploma that was not fully entitled to the same.

The committee also caused a notice of their appointment to be served on the faculty of the university school, in Fourteenth street, and received from Dr. Draper, the president of the medical faculty, the following note:

UNIVERSITY, *New York*, Feb. 21st, 1853.

SIR—I have received your letter informing me that the State Medical Society has appointed a committee to attend the examinations at the medical colleges of the city.

I will present your communication to the faculty of the university at their first meeting.

Yours truly,

JNO. W. DRAPER.

Dr. Rockwell.

In April, more than a month after their examination had closed, and the degrees had been conferred, Dr. Draper, president of the faculty, addressed a letter to Dr. Rockwell, chairman of the committee, stating in detail the reasons of the faculty for not admitting the committee to be present at their examination.

This letter is herewith submitted. It is proper for the committee to add, that they have been informed that this college, in their circulars, had advertised that their examinations would be private, before each professor alone.

UNIVERSITY, *New York Medical Department*,
April 8th, 1853.

SIR—Your letter was presented to the faculty of the university at their first meeting after its receipt, and I am directed to express respectfully the views of the faculty, through you and the secretary of the State Medical Society, to that body.

The medical faculty are constrained to decline acceding to the wish of the State Medical Society, but in so doing desire to present some of the considerations influencing them.

The object of the examination in question is to ascertain the state of preparation of those who are candidates for the degree of doctor of medicine. It is necessary, therefore, that they should be conducted in such a manner as to accomplish that in the most satisfactory way. Public examinations must always be liable to uncertainty in their results. A well prepared candidate, without self-possession, will often compare unfavorably with one who may have studied less, but who feels more assured. This is an embarrassment which all who have experience in these matters must have witnessed. A large examining board will rather test the confidence of candidates, than their degree of scientific requirements.

It is doubtless this which has led so many colleges to direct each professor to examine the student privately in his own department, and report the result to the faculty. In this way the candidate is embarrassed as little as may be. Perhaps, also, it has been thought that no one is so well fitted to examine as the person who has taught. However this may be, the course of many of the most influential of these institutions has been of late years to discontinue examinations before boards, and resort to those of a more personal kind.

In public examinations there must be an absolute uniformity of the conditions under which each candidate is placed. This could not be accomplished except by an obligatory attendance of the examiners. Before a board, such as would be constituted by the university faculty and twelve other members, it would not be possible to examine one hundred students in less than thirty days, devoting six hours a day to the duty. The length and irksomeness of this task suggest that those who devote themselves to it should receive compensation in the way of a fee or salary, otherwise it is plain there would be an irregularity in attendance, and some students would be examined before twenty persons, and others before, perhaps, not more than two or three. Those who were unsuccessful might regard themselves as unfairly dealt by.

Conflicting opinions would undoubtedly arise between the visiting examiners and the faculty examiners. In some cases the former might be of opinion that a candidate ought to be passed—the latter might come to an opposite conclusion. It would be found at once essential to the harmony, and indeed the very action of such a board, that all its members should be on an equal footing, the professors exerting no more control than their brethren. But this plainly involves the surrender of the power they possess from the charter under which they act.

We would, however, particularly call your attention to the

special position in which the university is placed. From its first establishment it has relied on the medical profession throughout the whole country for support. It has never depended on patronage of a merely local kind. Of its twelve hundred graduates, scarcely one-third are from the state of New York. There is no state in the Union in which it has not many alumni. The policy of consulting the wishes and interests of the whole medical profession of our country has thus far brought to it great prosperity, and, if steadily and frankly pursued, will probably, before long, place it in influence at the head of American institutions of its kind. If, therefore, no difficulties such as have been pointed out existed, and it were judged expedient to subject its students to the action of a mixed board, it is clearly impossible that that board could be constituted of twelve delegates from the medical society of each state. The plan adopted would probably have to be somewhat analogous to that pursued at the examinations of the United States military academy at West Point.

These are some of the arguments which have occurred to the faculty of the university. If it were necessary, others might be presented. These, indeed, have so much weight that there would appear to be no reason for concurring in the request made, except a wish which the faculty always entertain of making their institution acceptable to the State Medical Society. They are pursuaded, however, that the society will appreciate the respectful manner in which they design to act, and, in view of the foregoing reasons, estimate more highly their declining this invitation, than as if they had assented to it in a hasty and ill-considered way, or merely for the sake of temporary benefit.

Very respectfully, yours,

JNO. W. DRAPER,
President of the Medical Faculty.

All of which is respectfully submitted, in behalf of the committee.

WILLIAM ROCKWELL,
JOEL FOSTER,
JAMES R. WOOD.

Dr. Cogswell called up the report of Dr. Rockwell, relative to the examinations of candidates for Doctor of Medicine, in New York city.

Dr. Peter Van Buren offered the following resolution:

Resolved, that the refusal of the University Medical College of New York City, to admit the committee appointed by the State Medical Society, in 1853, to be present at the examination of their students for medical degrees, is uncourteous to the society; the reasons assigned unsatisfactory, and the effect upon the medical profession injurious. The resolution was adopted, and delegates were requested to call the attention of county societies to the subject. Adopted.

On motion of Dr. Guiteau,

Resolved, that the following committee be appointed, with authority to attend the examinations of students for the degree of M. D., from such institutions in the city of New York as shall invite them. Adopted.

The following gentlemen were appointed the committee:

The three censors of the southern district, Drs. Cheesman, Rockwell and Foster, and Drs. James R. Wood, Thomas F. Cock, J. R. Van Kleck, R. S. Kissam, S. A. Purdy, S. S. Purple, J. Campbell Stewart, Galen Carter, W. N. Blakeman.

On the Truces and Cure of Venereal Affections.

BY PIETRO GAMBERINI, M. D.

Assistant Physician to the Hospital of Saint Ursula, at Bologna.

Concluded.

I now proceed to speak of the truces and cure of constitutional syphilis, in reference to the specific and nonspecific therapeutics of that disease, with a view to discover the value of the various and opposite medicines which have been recommended.

In the first place, I think I ought to remind my readers that the curative plans proposed in confirmed lues are two in number, the so-called antiphlogistic and derivative treatment, and the established specific mode, consisting in the use of mercury and of the preparations of iodine. The followers of these two methods have sought to support their respective systems with arguments and facts, occasionally not omitting the degrading custom of calumny, insult, and falsehood, as if science ought to mix herself up with the trivial and passing habits of society. But as truth is sole and indivisible, the moment arrives, in spite of all efforts to keep it back, when

it must be made manifest. The *true* therapeutic remedy of syphilis is mercury, and its principal substitute is iodine; the *false* is all which is not mercury or iodine.

It now remains for me to show how the syphilitic truces have confirmed the pretended value of remedies which are neither mercurials nor preparations of iodine, and that not only has injury thus arisen to syphilographic science, but, what is worse, what detriment patients generally receive from such medicines.

From what has been above advanced, it appears to be demonstrated that constitutional syphilis has in itself the source of the spontaneous truces, or, as I have said, the temporary cessation of its material and visible phenomena. Now, if a purely antiphlogistic medication be employed on the invasion or during the continuance of some venereal affection, and if its use be followed by a truce, will it be fair to deduce, and what is worse, to maintain, the curative value of the treatment adopted? In running over the histories told us by the advocates of this species of therapeutics, we can lay hold on nothing positive, for either they speak of relapses, or they leave their observation incomplete, inasmuch as they do not continue to look after the patient who was the subject of their report, and the ease with which relapses of syphilis take place is known to all. I may add, that not only I, but many practitioners have had to treat not a few of the patients who were said to have been cured with antiphlogistic remedies, and whose cases were described in the periodicals; and yet in these cases the inadequacy of the plan was evident, and we smiled at the credulity of the reporters. An involuntary mistake, proclaimed with the sanction of a respectable name, drew with it error on the part of those who rested on that name; and thus truth was set aside until it found reception and support from some other physician whose love of truth made him fearless of encounter.

Were I to quote clinical facts in support of my assertion, I should but carry vases to Samos and bats to Athens; it is enough to read what the antiphlogistic method has done, and is doing, in the treatment of constitutional venereal affections to induce us to bewail the lot of the patients who were the subjects of it: those who saw a ray of hope in the appearance of the truces quickly fell into a worse physical condition when those truces ceased—an unfortunate event founded on two circumstances, the first based on facts observed by me as well as others; the second on the following—that syphilitic patients, who are much restricted in their diet compared with those who live freely, are generally in a worse condition than

the latter; and further, those who are kept on a limited diet while under treatment do not long bear it; while the reverse is the case where the opposite plan is adopted; and moreover, I have witnessed several different antiphlogistic modes employed with syphilitic patients for a very long time, at the end of which a patient rather reduced in condition would be found with apparent cessation of the disease, and would be declared cured, although the supposed cure was no more than a truce, and when the case was left to itself the disease would reassume its bad type, with symptoms at one time purely visible, at another exclusively sensible, and still more frequently, with characters of both kinds. It appeared as if the virus, rendered inexpressive through want of organic energy, became stunted, or, as it were, masked, to increase and embody itself when the fibre should regain its natural strength.

I am aware that the anti-stimulist does not acquiesce in the existence of syphilitic truces, and will suggest to me the necessity of persevering with his method, so as to combat and completely destroy the masked or stunted appearance of syphilis, which I have above supposed. But if we continue to withhold stimulants, and to depress syphilitic patients, what I have repeatedly observed will happen, that is, in the most favorable cases we shall be obliged completely to suspend this treatment, either on account of the derangement of the stomach, or of general exhaustion; or, what is more likely to take place, a cessation of the truce will supervene, leading to the severe and threatening form of syphilis, which endangers the patient's life, unless mercurialization be quickly interposed, which sometimes, although employed thus late, restrains, it is true, the virus a little, but does not prevent the morbid results which the venereal poison has imprinted on the system of the unhappy sufferer.

The truce then is, in such an instance, the illusorily beneficial effect of the antiphlogistic treatment, of that treatment on which some obstinate systemists still rely, but which is rejected by the faithful observer of the morbid results of lues venerea.

What I have said applies equally to the various modes of treatment which completely exclude the use of mercury: the employment of the preparations of gold and of silver, the acids, concentrated diaphoretic syrups, &c.; these in most cases induce truces, which are too readily denominated cures; I say advisedly truces, reflecting that if such remedies were really of use, they would not be condemned to oblivion, or they would be frequently employed, which they are not. I

may add, that to my own knowledge, many of the persons so treated were in the end obliged to have recourse to the use of the sovereign antisyphilitic—mercury. I will certainly not venture to deny that in some instances cure has followed the employment of these remedies: but I will add, that in the great majority of such cases mercury had previously been exhibited, a fact which greatly lessens the absolute value of those nonmercurial medicines. It is the truces which mislead, and they do so the more readily the longer they are protracted.

It is now time for me to speak of the syphilitic truces which succeed the use of the preparations of mercury and of iodine; and in the first place I will remark, that the true, the most frequent, and most complete truces are those which are subsequent to the administration of these medicines; this appears to me to be what we should expect, seeing that we now have the disease in conflict with its true remedy, which, if it does not succeed in subduing or destroying, is certainly capable of restraining and circumscribing it. If then the truce be nothing more than a temporary suspension of the malignant operation of the constitutional venereal virus, if this truce be a natural phenomenon of lues, it follows that all which tends to oppose the malignity of the syphilitic poison must lead to a more easy and ready truce, though it may not effect the cure of the complex pathological condition; mercury and iodine combine this result, and thus, with the greatest facility, induce the truces, and in due time the cure of syphilis; which cures, too quickly proclaimed, or too eagerly seized on, often prove to be no more than complete and prolonged truces.

When mercury and the preparations of iodine are employed for the cure of some syphilitic affections, not before subjected to treatment, they do not effect their object on their first administration, though this be carried on with all possible caution and regularity; a favorable truce will, however, be obtained, a stable and perfect cure will be had, I venture to say, but rarely, and only as an extraordinary exception. In truth, I frankly confess, I have observed that the almost invariable rule for obtaining a radical destruction of syphilis is to repeat the anti-venerial treatment twice, thrice, or even oftener, to each one of which repetitions a truce succeeds more manifest and more complete than the preceding one, which truce is a direct step towards the attainment of perfect cure, for it appears that syphilis cannot be eliminated from the system otherwise than *á reprises*, and by a decreasing scale, and not instantaneously or without undergoing, as it were, a dilution, and gradual wearing out.

There are some constitutional syphilitic affections which undergo truces with more readiness than others, and therefore relapse with greater frequency and facility. Amongst these, osteocopic pain holds a very prominent place, which, if it is treated with mercury, or with iodide of potassium, is latent for a time, then returns, again undergoes a truce, and finally returns, it may be repeatedly, to harass the patient. Before iodide of potassium was recommended as a specific in this and other so-called tertiary forms of venereal disease, mercury was employed certainly with profit, still ostealgia ran in its course. When the iodureted preparation came to be used in such cases, it was asserted that the relapses of osteocopic pains proceeded from the use of mercury, and that, therefore, mercurials ought to give way to the iodide of potassium, the sovereign remedy of tertiary syphilis, as that which cured it *tuto, cito, et jucunde.* Then medical men were heard to narrate its prodigies; the journals proclained its miracles; prodigies and miracles which were often but truces, entirely ceasing in time: and this statement is so true, that the very advocates of the iodine came to a more moderate conclusion, which Diday of Lyons, at the present day, expresses thus: "The iodide of potassium palliates these pains more frequently than it cures them without relapse; but to compensate for this, the relapse, though it be frequent, does not fail to obey the remedy." What the French surgeon says of osteocopic pains is also applicable to periostitis, nodes, exostosis, muscular contraction, and such like affections, in which I every day see how the iodide of potassium exercises but a moderate effect, for if we depend on it alone, a cure only takes place after relapses, and is but rarely obtained as decidedly as when mercurials have been used. From the common occurrence of such instances in the hospital of St. Ursula, we have been led to frame the following therapeutic axiom: That the iodide of potassium is the best substitute for mercury, but that the latter is the antisyphilitic remedy *par excellence*, and that it increases the beneficial effect of the iodide, if it has been administered before it.

Every medical man who has had the care of many syphilitic patients, will have observed that sometimes the venereal symptoms in those who are subjected to mercurialization, or to the action of iodides, diminish as if by magic; as on the other hand, he will have met cases in which a form of disease, slight, or at least appearing to be slight, at the commencement of the treatment, becomes aggravated in proportion as the latter advances. The former occurrence might very well be attributed to the circumstance of an impending natural truce of the lues, as the second might be explained by the

patient being in one of those intervals in which spontaneous syphilis arises and increases; so that two elements compose the desired state of well-being of the patient, the spontaneous truce, and the use of mercury, which fructifies and perfects it, while, at the same time, it combats and annihilates the general taint; in these cases, however, such rapid improvement is usually not of long duration, or, at least, it does not afford a certainty of complete cure, except in patients who have already undergone repeated and regular antivenereal courses of treatment. Two elements, moreover, in my opinion, determine the second fact above mentioned, that, namely, of the aggravation of the syphilis by the exhibition of mercury; the first being, as I said, the natural recurrence of the venereal exacerbations; the second produced by the energetic and powerful action of the mercury, which, like a lever, tends forcibly to expel what before lay dormant and concealed: the truces which ensue in these cases are usually more complete and more lasting, and we may even sometimes hope for a real cure, for such struggles in general take place only in patients who have scarcely employed any true venereal remedy, or rather, in those who for the first time labor under a syphilitic taint. Recapitulating the axioms just now laid down, can the physician with certainty decide when he has to deal with a truce, and when with cure?

The lover of truth who excludes from syphilology the idea of the unity of constitutional venereal infection, or, as some will have it, that a man can receive a general syphilitic contamination but once in the course of his life, must confess, in view of the clinical facts, that the things I have hitherto said in reference to truces, whether spontaneous or produced by remedies, are liable to different interpretations; for the fact of constitutional lues produced by a single infection is one thing, and that of an individual who has suffered several infections, whether these be chancrous or virulently blennorrhagic, is another. I have watched the course which constitutional syphilis ordinarily presents in those who have repeatedly had primary venereal disease: here, too, truces were observed, but they were rarely so perfect, and seldom relieved the patient so much as is usually the case in syphilitic patients who have suffered but a single contagion. On referring to my registers of syphilis, in which I have noted about a hundred cases of disease, I have been able to deduce the following propositions in reference to repeated primary syphilis:

1. The truces retained in a greater or less degree some visible or sensible trace of constitutional lues; they were not complete truces.

2. The new local and primary contamination, quickly becoming a constitutional venereal affection, presented an obstacle to the occurrence of the truces, because a sort of uninterrupted chain of syphilitic sufferings was thus formed, in which, instead of the truces, only a temporary decrease of disease took place, or, as in some fortunately rare cases, a localization ensued so obstinate as not to yield to any treatment, in consequence of which the disease continued for an indefinite time. In every venereal hospital, incontestable proofs of this statement may be found.

3. Repeated primary venereal infections give rise to a syphilitic condition so protean and variable, to epochs so uncertain in their appearance, as to require the greatest diagnostic skill in the medical attendant, and to require extreme endurance in the patient. In these cases, however, we finally, though tardily, succeeded in obtaining perfect truces, that is to say, provided a long time elapses without the reception of fresh infection, and that judicious and repeated antivenereal remedies have been employed.

And why should we be surprised at the fact of repeated venereal infections favoring a continued and variable succession of general syphilitic phenomena? If the superadded and repeated concurrence of morbid causes serves in the generality of instances to greatly increase the intensity of the disease to which they give rise, why should the multiplied primary venereal infection prove an exception? If our system were no longer capable of receiving the influence of fresh venereal infections when constitutional syphilis had already been developed from a preceding contamination, why does it not behave when it comes in contact with the venereal virus as it does with the virus of small-pox when this has previously had an opportunity of producing its effect? If the absence of local variolous development from infection indicates that our system is no longer in a condition to appropriate the material of the contagion from which the disease of small-pox proceeds, I would say that the repeated development of the venereal virus exhibits the susceptibility of our system to imbibe the poison which causes a repetition of constitutional syphilis; a susceptibility which is in my mind established, as I have observed that as a general rule a manifestation of constitutional lues sooner or later succeeds to a new chancrous infection. The poison of these new ulcers going to form constitutional virus explains, in my opinion, the derangement of the truces in cases of repeated contagion, whether blennorrhagic or ulcerous.

Having noticed these points in reference to the truces of general syphilis, and having briefly demonstrated the uncer-

tainty of mode and time of these truces, it remains for me to speak of the perfect cure of constitutional lues. That this taint is fully eliminated from the system of those who have suffered from it is demonstrated by facts so clear and full as to remove all doubt from every one who does not delight to wander in the region of clouds and sophisms; but what greatly embarrasses the physician and torments the patient is the uncertainty of the period at which true cure takes place. This unfortunate circumstance constitutes a new, and I venture to say, an exclusive character of syphilitic contagion; for while the other contagions with which we are acquainted form an uninterrupted morbid chain, terminating at a time approximately known, the venereal infection, on the contrary, runs a broken course, and ceases at unknown or doubtful epochs. Nor is it enough to blame the insufficiency of the treatment, or the intolerance of the patient, in many cases the most perfect therapeutics refute such appeals, though these are very often just and incontestable, so that we are forced to attribute the defect to the nature of the syphilitic contagion itself. To the physician, therefore, is conceded the hope of effecting the cure of constitutional syphilis, as he has the means of accomplishing it; but he is denied a reasonable and absolute certainty of attaining it every time that he makes the attempt; the most that is granted him is that, when he and the patient act with prudence, nature interposes beneficial truces of an ordinary decreasing morbid character, which, without pointing to a certain and immediate cure, allow the experienced practitioner to perceive that, by persevering in a judicious medication, he shall attain his desired object. The cure, then, of constitutional syphilis is only obtained under special circumstances, and with the aid of time, which latter is not, however, as the superficial observer pretends, necessarily a space of three years, but may, on the contrary, be shorter or longer according to circumstances, as I have elsewhere pointed out, but which is chiefly influenced in its duration by the occurrence of repeated primary infections.

What I have said describes, if I mistake not, the natural course of general lues, so far as this has been as yet established; should the truth of the disputed subject of syphilization be ever established, what I have advanced would necessarily be modified and partially refuted.

I shall close this essay by reducing its substance to the following heads:

1. The syphilitic taint, in addition to the intrinsic differences which distinguish it from other contagious diseases, possesses that which I denominate *truce*, or temporary cessation of the visible and sensible phenomena of the malady.

2. The truce takes place either spontaneously, that is, as it were, by a peculiar law of constitutional syphilis, or artificially, from the operation of therapeutic means.

3. The occurrence of the truce has induced a belief in the therapeutic value of the methods of treatment which exclude mercury, which latter medicine has been shown by experience to be the true remedy for syphilis.

4. These truces, whether natural or artificial, lead, in a period of uncertain duration, to cure by means of relapses of a pathological value which is usually a decreasing quantity: this is ordinarily the case if the constitutional disease was the effect of a single infection; the contrary generally obtains if the primary venereal infections were repeated.

5. The cure of confirmed syphilis is accomplished only by means of the truces; it therefore requires an indefinite time for its accomplishment, and demands a proportionally vigorous and repeated treatment.

In conclusion, I have only to observe that my design was not to treat of subjects which were either new or previously unobserved; but merely to call attention to the contemplation of facts, namely, the truces, which misinterpreted would compromise the character of the physician, and sadden the existence of the patient.

Bulletino delle Scienze Mediche di Bologna.

On the Relation of Uterine and Constitutional Disorders, as Cause and Effect---Their Pathology, Diagnosis and Treatment, illustrated by Cases.

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The last number, published in the July No. of the Recorder, was devoted to the consideration of those cases of female diseases originating during the period of parturition, and the puerperal state at full term. It was then stated to be the result of many years' observation, that in proportion as the frequency of abortion, compared with delivery at full term, chronic uterine affections much more frequently originate from abortions, and especially those which occur between the third and sixth months of gestation, than from delivery at

the os uteri, when the physiological preparation for its dilatation, and the natural and safe delivery of the fetus, have been accomplished.

This description of the changes in the anatomical form, and consistence of the os and cervix during gestation, is so different from that given in most of the books, it might seem to some to require additional evidence of its correctness. To those who have kept up with the investigations upon this subject, it is needless to extend this paper by further evidence. Others, who set their opinions and influence against the use of such means of physical examination, as are necessary for a proper knowledge of uterine lesions, would not be convinced if they were referred to in proof of the correctness of the description given. I will, therefore, only add, in addition to such authority as Stolz, Cazeaux, &c. that I have frequently verified its correctness in the progress of gestation, by digital and metroscopic examinations. In the treatment of ulceration of the os and cavity of the cervix during pregnancy, between the seventh and eighth month, I have demonstrated the softening and expansion of the os and lower portion of the neck, and the fact that the neck was not diminished in length by the introduction of a sound or small mop, an inch and a quarter and an inch and a half, into the cavity of the neck.

This brief and imperfect description of the anatomical changes, which take place in the os and neck of the uterus, during gestation, is given as the foundation of what we consider the true theory of the cause of the greater frequency of uterine lesions, as the result of abortions. It is manifest that between the third and sixth month of pregnancy, when the fetus has acquired considerable size and consistence, and when the softening of the neck, preparatory to dilatation for its expulsion, has not taken place, it cannot be expelled through it, without difficulty and danger of contusion or laceration of the tissues of the neck. As a general rule, in proportion to the size of the fetus, the labor is longer and the pain and suffering greater, in cases of abortion, between the third and sixth month, than at term. The protracted nisus, pain in the back, and nervous distress, indicate the irritation, contusion, and laceration of the unsoftened and unyielding tissues of the proper structure, lining membrane and mucus follicles of the neck, which often take place. The want of full development of the walls of the uterus, and the principle of contractility, and the want of the infiltration and softening of the neck, which prevents its contraction after delivery at term, produce a condition of the parts favorable to the production of organic disease. The contractions of the partially developed womb, necessary

to overcome the resistance of the unsoftened and undilated neck, not only produce mechanical contusion, and injury to its inner tissues, and the os, by pressing the ovum or fetus through, but by separating the unexpanded placenta from its connections with the uterus, give rise, before delivery, to more or less profuse hemorrhage. After delivery at full term, the body of the womb contracts itself, so as to close, and empty its cavity, and empty and close the large bleeding vessels, while the neck and os, from their infiltrated, softened and uncontractible condition, remain open, and admit a full vent to the hemorrhagic and lochial discharges.

During and after abortion, from the separation of the placenta and the want of proper contractility in the body of the uterus, there is a greater tendency to profuse hemorrhage; and from the unsoftened state, and greater contractility of the neck, its cavity and the os are partially closed, so as to prevent, often, the expulsion of the placenta, or at least, to obstruct the free discharge of retained coagula of blood. When either are retained, they soon become putrid and acrid, and furnish an additional cause of irritation to the placental surface of the cavity of the womb, and also to its neck, when contused or lacerated, and thus produce permanent disease.

In addition to the greater organic lesion, and tendency to development of inflammation, ulceration, and induration from abortions, there is another prominent reason why these diseases are more frequently produced, by and after abortions.

When abortions occur, especially in the early months of gestation, they are regarded more as obstructed, painful, and difficult menstruation, than as labor and delivery, by most females, and much less precaution is, therefore, used to guard against disease. Consequently, all the existing causes, as imprudent exercise, exposure, stimulating food, drinks, &c., are made more frequently operative in the production of uterine diseases.

Whether this explanation of the cause be satisfactory or not, I doubt not every physician, upon a review of his cases of this form of diseases, will find the fact confirmed, of their greater frequency in proportion to the number of cases, as the result of abortions, and in the present state of interest and investigation in reference to these affections, it may aid in the establishment of more correct views and explanations of their etiology and pathology.

These views of the relative condition and changes of the reproductive organs from delivery, at the different periods of gestation, not only furnish some explanation of the cause of the greater liability to the production of permanent chronic

term. This was stated as a practical fact, which had not received the prominent notice from writers on these diseases which its importance seemed to demand; and the promise was then made, that in this number the causes of the greater tendency to organic lesions in this condition, giving rise to chronic uterine affections, involving the general health, would be investigated, and the pathology of those cases more fully considered.

The ordinary physiological changes attending the development of the uterus and neighboring organs during gestation and parturition at term, and their restoration to the normal, unimpregnated state during the puerperal period, and also the tendency of any exciting causes to produce organic diseases of these parts during this period, have been briefly alluded to in the last number.

All the animal functions are performed under certain, and to some extent, fixed laws of physical and vital action. When these laws are interfered with in the important function of gestation and parturition, or in the restoration of the organs concerned, to their normal, unimpregnated state, by extraneous causes, serious consequences are likely to be the result. In the regular and natural progress of gestation, there is not only the development of the organs concerned, but the active congestion and nutrition necessary to this development, produce other physiological changes, which are important, if not necessary, to the natural and safe accomplishment of delivery. Of these changes, especially, is the infiltration of the fluids determined to these organs, into the tissues, worthy of notice. The proper development is not only produced, but the softening and relaxation of the parts necessary to their distension, for the delivery of the fetus, is also thus in due time completed.

To understand the causes of the greater tendency to uterine diseases, as the result or effect of abortions, it is necessary to consider the progress of the changes which take place during gestation, especially in the neck of the uterus, preparatory to delivery at term.

The observations of M. Stolz, published in 1826, which have been confirmed by the investigations, directed to this subject, of many other distinguished physiologists and pathologists since, demonstrate gestative changes in the uterus, especially in the neck, in the progress of pregnancy, which are calculated to throw some light on this subject. The description of the changes during gestation, in the neck and lower portions of the uterus, furnished in most of the books, is, that in the progress of gestation to term, the neck spreads

out at its upper part, so as to aid in the enlargement of the body of the womb, and thus, by expanding from above downwards, the neck becomes shortened, until, at the end of the ninth month, it is merged in the ovoid form of the womb, leaving only a ring of variable thickness. Instead of this being the true anatomical change, which takes place in the progress of gestation, it is found, from careful examinations, that this description is entirely erroneous. For a proper understanding of the diseases of the uterus, I have already attached much importance to a correct knowledge of the anatomy of the neck, and the body, and especially of their respective cavities in the normal, undeveloped state.

The length of the cavity of the neck being generally about a third greater than that of the body, and in the healthy, undeveloped state, having its internal opening so closed by the contraction of the circular fibres, as to make it somewhat difficult to pass a medium sized sound through it, into the cavity of the body. According to the description of M. Stolz, which is now fully confirmed, instead of this internal opening of the neck, expanding, and the superior part spreading out downwards during gestation, the reverse of this takes place. Early in pregnancy, the os and lower part of the neck begin to soften. This softening gradually extends upwards, though less rapidly in primiparæ cases. As the ramollisement extends from the os upwards, the os and neck expand in multiparæ cases, though in primiparæ cases the cavity of the neck expands, without a corresponding patulence of the os, which gives the neck a spindle shape. The cervix loses but little, if any, of its length. By the seventh month, the intra-vaginal portion of the neck has undergone this change, being softened, and the os so dilated in women who have been mothers, as to admit readily the first phalanx of the index finger. This ramollisement and expansion of the cervix progress upwards, so that a few days before full term, in its proper course, the circular fibres closing the internal opening of the neck, become softened, and it dilates. When the neck is expanded and merged in the cavity of the body, the ovum sinks down upon the os, a ring of irregular thickness, which is now the only obstacle in the way of the fetus passing from the womb into the vagina. This change in the neck, giving rise to the downward expansion the last few days of gestation, accounts for the sinking of the ovum in the pelvis, and the relief from upward pressure upon the stomach and lungs a few days before delivery. No other explanation of the immediate cause of labor is more satisfactory than the orificial irritation of the ovum, sinking down and resting upon the expanding ring of

When she came to the city to place herself under my treatment, in December 1852, she had been three years and a half in this condition—never more than able to walk about the house a little, and frequently confined to bed from the profuse hemorrhage, from which she had scarcely ever been entirely free. Her attending physcian had gone almost through the catalogue of astringent and hemostatic remedies, both internally and as a vaginal wash, with only temporary benefit. From the history of her case and the digital examinations of her physicians, various opinions were formed and expressed of the pathological state which had made her symptoms so obstinate and persistent. Prolapsus, polypus, even cancer of the womb, was supposed to exist in her case. When she first consulted me, in addition to this history of her case, the opinions and treatment of her physicians, she complained of pain in the back, the region of the left ovary, aching, an uneasy sensation, sometimes more like a deep seated itching sensation behind the pubis, in the position of the neck of the womb and upper portion of the vagina, and of copious leucorrheal discharge of an irritating character, generally mingled with blood. Her strength was feeble, though her appetite and digestion were pretty good. Her bowels were torpid. I alluded to the different opinions which she said had been formed by her attending physicians from the ordinary examinations which had been made, and informed her that I could not form a correct opinion of her case, and probably could not treat it successfully without the use of the speculum. As her long continued debility and suffering had made even life undesirable without relief, she readily consented to a thorough examination.

Digital and Specular Examination.—The vagina was so contracted and morbidly sensitive, that it gave her considerable pain to introduce the finger. There was no prolapsus, no polypus, out of or below the os, and none of the irregular, indurated state of the cervix indicating cancer. The finger was covered with purulent discharge; and though cleanly and particularly about her person, upon ocular inspection of the vulva, and the introduction of the speculum, there was a large spoonful of pus discharged from the vagina. The introduction of a medium size trivalve speculum was attended with considerable difficulty and pain, from the contracted and sensitive state of the parts. By the metroscopic view, the entire surface, but particularly the upper portion of the mucous membrane of the vagina, was found covered with pus. Upon wiping it off, the mucous membrane presented numerous red points, papilla, which were no doubt the in-

flamed mucous follicles, pouring out the purulent discharge, and rendering the surface very sensitive to the touch. The intra-vaginal portion of the neck was of rather more than ordinary size and length, and of a conical form, its outer surface presenting fewer of the inflamed points than the vagina. The os was circular, and but little expanded. From the os, a thin, yellowish, ichorous, acrid fluid was discharged in considerable quantity; and though at the time there was no blood, upon the slight irritation produced by introducing a small sound into the cavity of the neck, blood issued out pretty freely. The sound could be introduced the length of the cavity of the neck (about an inch and a half.) without difficulty, but no further. Indeed, within the os, the cavity of the neck seemed to be expanded. The ichorous, acrid discharge from the cavity of the neck, was believed to be the chief cause of the irritation and inflammation of the mucous crypte of the vagina, and the copious discharge of pus from them. Whatever may have been the swollen and engorged state of the body of the uterus, in the early and acute stage of her disease, it was found now, by careful vaginal and rectal examination, not to be enlarged or morbidly sensitive.

Treatment.—Creosote, in its pure state, was freely applied, by means of a camel-hair pencil introduced into the cavity of the neck an inch and a half, and also to its outer surface, and the entire mucous membrane of the upper portion of the vagina. This produced but little pain. A detergent vaginal wash, of a teaspoonful of carb. of soda and a teaspoonful of camphorated spirits, to a pint of water, was directed to be used two or three times a day. The second day the creosote was reapplied. This course of treatment was continued, using the creosote at longer intervals, and an enema of a pint of cold water, with a teaspoonful of spts. of camphor, once or twice a day, to keep the bowels open.

These means, with ten to fifteen drops of muriated tincture of iron three times a day, changed and arrested the purulent and ichorous discharge, and relieved the morbid sensibility of the parts, so that in two weeks she returned home, with the prospect of being restored to health. The hemorrhage, however, which had occasionally been slight while under this treatment, increased in quantity and frequency of recurrence, from the long continued determination to, and discharge of blood from the cavity of the cervix.

In five or six months, she returned to be relieved of the hemorrhage, which was still sufficient to keep her in a debilitated state. Upon a superficial examination, but little appearance of disease was found to exist. There was no purulent

disease at one period than another; but they also afford some explanation of the pathological difference in the cases originating under the different circumstances and conditions alluded to.

The larger portion of the internal surface of the uterus, being occupied by the placenta, the partial development of its tissues, and of the principle of contractility, render the body of the organ, as well as the neck, more liable to sub-acute and protracted inflammation, and their local and constitutional effects, from abortions. Cases described by Gooch, Dewees, and others, as irritable uterus, in which both the local and constitutional symptoms, are prominent, and obstinately protracted; being cases unquestionably of chronic inflammation of portions of the body of the uterus, as well as the neck, most generally originate from abortions.

These cases are characterized, not only by their aggravated symptoms, but by their being obstinately protracted, even under the best directed and most efficient modes of treatment. In the fully developed state of the organ, after delivery, it is rapidly reduced by contraction and absorption to its normal state. Even general inflammatory congestion and engorgement, in this condition, may be, and often is, soon perfectly relieved; but when the uterus has only been partially developed in the first months of gestation, and the lower portion remains a dense fibrous structure, without the development of the principle of contractility, if inflammation be produced, it is partial, and the limited portion of the organ involved, becomes more permanently indurated, sensitive, and painful, deranging all the functions of the organ, on the one hand, and being augmented and perpetuated by the recurrence of these functions, on the other. This state of partial sub-acute inflammation and morbid irritability, affecting generally the lower and posterior portion of the body of the uterus, not only causes menstruation to be irregular and painful, but, if pregnancy occur, the development of the womb is attended with pelvic uneasiness and pain, and frequently with constitutional, sympathetic distress. This irritable condition of the uterus, in many cases, renders it intolerant of the contained ovum, and the development necessary for its growth and accommodation, and produces its expulsion. When this condition of the body is complicated, as is generally the case, with disease of the os and neck, there is more profuse leucorrheal, and often hemorrhagic discharge; and all the symptoms, both local and constitutional, are more aggravated. Under circumstances of this kind those cases most commonly originate in which the entire mucous membrane and follicles of the cavity of the

neck, as well as the fibrous tissue, are involved. The contusion, laceration, and consequent inflammation of the mucous membrane, may result in simple ulceration, attended with more or less profuse muco-purulent discharge; but in some of these cases, the ulceration within the os assumes more of the hemorrhagic form, in which there is thickening and increased vascularity of the lining tissues, and also vascular, granulous ulceration. From this form of ulcerated surface, in addition to, or alternating with the muco-purulent, leucorrheal discharge, there is generally a more or less profuse oozing of blood, which at times amounts to a decided and even prostrating hemorrhage.

A more full and detailed description of the peculiarities of the diseases which originate from the causes under consideration, would extend this article beyond the limits contemplated, as it was only designed to consider the prominent causes of the frequent production of disease from abortions, and to indicate the condition of the parts involved in these cases. To further illustrate the influence of these causes in producing disease, and also their pathology and treatment, the following cases are selected and briefly reported:

Case I.—Mrs. ——, aged about 21 years, of sanguineous temperament, was married in her eighteenth year. Previous to her marriage, she had enjoyed good health, except at her menstrual periods; during which she had generally suffered considerable pain, and had some irregularity as to the quantity and the time of the continuance of the menstrual discharge. A short time after her marriage, she became pregnant. About the fourth month of gestation, from the irritable condition of the uterus, and her general plethoric state, she aborted.

She was quite an intelligent lady and in easy circumstances. From her own account, at the time of her abortion, there was much pain and profuse hemorrage, which produced an alarming state of prostration. The placenta was probably retained for a time, and passed off in the course of a week or two, in a putrid and dissolved state, as she described the discharge, as having been very offensive. When reaction occurred, after the hemorrhage, she had fever, great tenderness and pain in the region of the womb. This illness, with occasional increase of hemorrhage, continued, so as to keep her confined to bed for weeks. Though after a considerable time she partially recovered, so as to be able to sit up and walk about the house, still her health remained feeble, and she had constantly muco-purulent leucorrheal discharge, which was generally colored by an admixture of blood, and frequently there was quite profuse hemorrhage.

discharge; but upon expanding the os, the mucous membrane and follicles of the cavity of the cervix, were engorged and indurated, making the surface irregular and of a livid color. From this engorged surface, the blood exuded almost constantly; and the hemorrhage was increased at intervals by the determination of blood to the parts producing a sensation of fullness, and a feeling of uneasiness and aching in the pelvis and loins.

Treatment.—The creosote was used, then the acid nitrate of mercury; but they failed in preventing the hemorrhage. A tent was then introduced into the os the depth of the cavity of the neck, after being covered and saturated with iodine ointment, made by triturating 20 grains of iodine and 40 grains of iodide of potassa, with an ounce of simple cerate. This for the time arrested the hemorrhage without producing much inconvenience, by changing it every day, except an increased sensation of the fullness, which always preceded considerable hemorrhage. Saline purgatives and a restricted diet were tried to relieve this habitual and long continued determination of blood to the uterus. When the tents were discontinued, after using them ten or fifteen days, the hemorrhage, which had been slight, increased in quantity. A sponge pessary was then introduced through the speculum, with its upper end covered with pulverised alum or tannin, which was applied to the os. The pressure of the sponge and the effect of the astringents controlled the hemorrhage. It was changed once a day.

A continuance of these means for a few weeks, together with tonics, and such remedies as her general symptoms required, ultimately relieved her entirely of the hemorrhage, and restored her to health.

In this case there were contusion and laceration of the rugæ and follicles of the mucous membrane lining the cavity of the neck, from the fetus being thrust through it, in its unsoftened and undilatable state. The acrid discharge from the retained placenta passing off in a dissolved and putrid condition, produced acute inflammation, which resulted in the chronic lesion that proved to be so obstinate in its character, and gave rise to the long continued local and constitutional symptoms.

Case II.—Julia—a negro girl—17 years of age, in good health, and of good constitution, when about five months advanced in pregnancy, aborted from sudden fright, over exertion and exposure, produced by the burning of the house in which she was staying.

Although she suffered from pain and some fever afterwards,

the symptoms were not so violent as to require much attention. Her getting up, however, was described as being slow, and her recovery imperfect. For some months the state of the menstrual function after her abortion could not be accurately ascertained from her. About a year after the abortion, when I endeavored to get a correct history of her case, she had leucorrheal discharge, and monthly hemorrhage, which continued one to two weeks, attended with pain in the back, left ovarian region and the womb. Her general health was bad.

Physical Examination. The vagina was sensitive, the cervix enlarged, and the lower part of the posterior portion of the body of the womb was tumid, and very painful to the touch when pressed upwards. The discharge from the cavity of the cervix was muco-purulent.

Treatment. The creosote was applied, and the wash used as in the first case. These means, together with keeping her bowels in a soluble state by cold water injections, and counter irritation by blisters, alternated from the lumbo-sacral, to the iliac regions, continued for a few weeks, so improved her health, that it was discontinued. Though she remained in pretty good health for months, the disease was not perfectly cured; and a year afterwards, she had relapsed into pretty much the same condition already described, except more morbid sensibility of the womb when pressed upwards in the vaginal examination.

The posterior lower portion of the uterus presented to the touch a smooth rounded tumor or enlargement—a swollen, indurated state of a portion of its walls, produced by subacute inflammation, which was very sensitive and painful to the touch.

This is one of those intractable cases of uterine disease, described as irritable uterus by most writers, and particularly by Gooch and Dewees, that has been found so difficult to relieve.

Dr. Bennet describes this form of disease more satisfactorily, and instead of attributing the local and general symptoms to mere irritability of the uterus, he considers the true pathological state to be chronic inflammation of a portion, and most generally, the lower posterior portion of the body of the uterus.

His experience is concurrent with that of others, that chronic inflammation of any portion of the body of the uterus, is much less amenable to treatment than of the neck, and that when cured, much more time, and the persevering use of proper remedies are required.

This case has been under my treatment several times, in the past four years. When she was improved so as to attend to her duties, the use of remedies have been neglected, until she would relapse into decided ill health again, and then they would be resumed. I have no doubt she might have been perfectly cured long since, if the proper course of treatment had been fully and perseveringly carried out, and continued until she was secured against a return of the disase, by a perfect restoration of the parts involved to a healthy condition.

I shall not lengthen this article by the report of other cases of disease produced by abortion, as these two furnish the prominent pathological condition of the uterus and vagina in these cases. Of course the cases presented to the practitioner will be various in their local and constitutional symptoms; but when the cause and manner of their production are understood, the pathological state and the extent of the organic lesion may the more certainly be determined; and the proper course of treatment be instituted to relieve the local disease and the constitutional symptoms, or disease produced by it.

In the selection of cases in these papers for the illustration of the etiology, pathology and treatment of female diseases occurring in the different conditions, or under the different circumstances proposed, for the purpose of so classifying them, as to make their practical study more simple and satisfactory, I have reported some cases for pathological illustration treated several years since, and given the remedies as used in their treatment.

Latterly, from the suggestions, and reported cases in the journals, and from my own observation of the effects of different medicinal agents, I have made some changes in the remedies used, and in the mode of using them. The reason for these changes, and the result, I shall briefly add, that the correctness of my views and observations may be tested by others.

In most cases of disease of the cervix, and mucous membrane of the vagina, and involving the mucous follicles, and especially when the proper tissue of the cervix is hypertrophied and indurated, I have found, even when there was profuse leucorrheal discharge, that detergent and alterative applications were more useful in correcting its irritating character, and restoring healthy secretion; and also in promoting the cure of ulceration, and the softening of induration, than astringent washes. As an auxiliary means, therefore, when the pure creosote, the acid nitrate of mercury, or the nitrate of silver crayon is occasionally used, I have found a vaginal wash most beneficial, made of an equal mixture of creosote

and the officinal spirits of camphor, of which one or two teaspoonfuls are to be added to a pint of water; or a solution of iodine and iodide of potassium made the strength of 1 to 3 grains of the former and double as much of the latter to the ounce of water. Either of these washes may be used once or twice a day, or only once a day, and alternated with a wash made of 1 to 2 teaspoonfuls of carb. of soda and one teaspoonful of camphorated spirits to a pint of water, or if there is much relaxation of the parts, the astringent wash, made of 1 to 2 drams of alum, or rather less of white vitriol, and a teaspoonful of camphor spirits to a pint of water. In many cases of chronic inflammation and slight ulceration, affecting parts that can be reached by the vaginal wash, a cure may be effected by these local means, and such constitutional treatments as the symptoms indicate. Of the constitutional treatment, it is of paramount importance to prevent irritation of the pelvic nerves, by keeping the bowels in rather a laxative state. This may generally be done best, by using an enema, once or twice a day, consisting of half a pint, to a pint of cold water, with as much spirits of camphor as will form comphor water—say a teaspoonful of the solution of camphor in proof spirit to the pint of water. This enema not only prevents constipation, but it relieves nervous irritation, and gives tone to the bowels and other neighboring organs.

The proper action of the liver should be secured by the occasional use of small doses of mercurials; and in most cases, except when there is fever and decided local inflammation, tonics, and especially alteratives and tonics combined, are useful. As convenient and efficient tonics and alteratives, the muriated tincture of iron in doses of 10 to 20 drops three times a day, or the syrup of iodide of iron and compound tincture of gentian mixed in equal proportions, and a teaspoonful given three times a day. These means, together with proper exercise, and the cold bath with friction, so as to secure warmth and perfect reaction after it, and the proper use of counter irritation when necessary, will generally relieve these troublesome and embarrassing cases to the physician, because they are often so tedious and annoying to the patient.

I will not conclude this number by saying "to be continued," because I have occupied so much space in the Recorder with this subject, the past year, that I shall defer to a future period its further consideration, so as to afford the readers more variety.—*Memphis Med. Recorder.*

Phlebitis, especially in connection with the Deligation of Veins.

Mr. Weeden Cooke, in a paper read before the Harveian Society, began by referring to the influence of fashion in both medicine and surgery, and stated that "many of the novelties suggested as means of relief, fade into deserved oblivion; others gain a temporary notoriety, and swim upon the stream for a time; whilst a few remain as lasting and glorious additions to our established means of thwarting the influences of accident and decay in the human frame." The revived and improved practice of vein-tying seemed to require consideration as to the notoriety of receiving it into the legitimate modes of treatment, and in order to bring the former and the present methods of performing this operation into juxtaposition, the author recited the experiences of Sir Everard Home, Sir Astley Cooper, and Sir Benjamin Brodie, describing the incision plan of the former surgeon, and the subcutaneous division of the vein, performed by the last of these eminent men; and the ill success attending these operations, so much so that they were repudiated and abandoned by all surgeons at that time, from the frequency of the alarming symptoms of phlebitis and depositions of pus in various parts of the body. Sir A. Cooper was so impressed by the fatality of his own cases, that he declared to his class "he would rather have his femoral artery tied than his great saphena." It was also the opinion of this great surgeon, that when the operation does not prove fatal, its ultimate effects are perfectly nugatory, and this opinion is maintained to the present day by Sir B. Brodie, who, in a recent conversation with the author, stated that if one vein be obliterated, another will take on the varicose action, and so, after a short time, the evils for which this dangerous proceeding is adopted, are renewed. The author then passed in review the various writers upon the pathological causes of phlebitis, as occurring traumatically or idiopathically, and gave especial praise to the elaborate paper on this subject, by Mr. Arnott, in the fifteenth volume of Medico-Chirurgical Transactions, and to the investigations of a more recent date of Mr. Henry Lee. "Although the deligation and division of veins was abandoned, phlebitis was still witnessed, arising from various causes. Venesection, which at that time was called the sheet anchor in all inflammatory affections, was the most prolific means of providing subjects for inquiry. The secondary effects of amputation, and the excision of tumors; the purulent deposits in the vis-

cera, after injuries to the head, as well as the phlegmasia dolens of parturient women, all yielded evidence of the dangerous character of this disease, and the tendency to diffuse itself over the whole system. The author then referred to ten fatal cases of phlebitis after venesection, reported by Mr. Arnott, and mentioned one at present under his own care in the Royal Free Hospital, where obliteration above and below the incision took place, and a deposition of pus over the wrist, attended by adynamic fever, was the result: this patient recovered. Having referred to the recorded cases of phlebitis, from tying patulous veins during operation, the author mentioned one that had occurred to himself. The patient was an old man of sixty-eight, suffering from an extensive epithelial cancer of the hand and wrist, for which amputation was performed: a vein bled very freely, and loss of blood being most undesirable, from the low condition of the patient, Mr. Cooke put a ligature upon it. Four days after, the vein became highly inflamed, and a certain amount of sloughing of the stump ensued. On the eleventh day the calf of the right leg became inflamed, and the inflammation extended up the saphena, into the thigh. Constant fomentation kept the inflammation in abeyance, and no points of suppuration were formed, although the leg remained œdematous for some time. He was, however, discharged, with the stump quite healed, leg free from inflammation, and able to walk tolerably well, in five weeks, and has since remained well. This case occurred a year and a half ago. The author suggested that the actual cautery should be used for staying venous hemorrhage in such cases, rather than the ligature. Passing on to the consideration of the more modern practice of the use of potassa fusa and the Vienna paste, in obliterating varicose veins, Mayo's cases were referred to, and Mr. Arnott had stated to the author his experience of this proceeding, which went to show that if it be used only to produce a coagulum in the vein, it acts beneficially; but that if the slough extends to the vein itself, the products of this action will most probably get into the circulation, and alarming secondary deposits will be the result. The difficulty of controlling the action of these caustics within exact bounds, must limit their use very much, for who can be sure of effecting this? The still more recent and most approved mode of obliterating varicose veins, is by the needle and twisted suture of M. Davat; but as yet no convincing set of cases has been published, showing its immunity from the dangerous consequences seen to proceed from other operations on the veins, but, although not published, a great number of cases have been so treated, and Mr. Fergus-

son, in a letter to the author, states that he has employed the needle and twisted suture for the last fifteen or eighteen years, for the purpose of obliterating varicose veins, without any bad results. "Our excellent president, Mr. Coulson, is in the habit of using this means of obliterating varicose veins frequently, and even allows his patients to walk from his house to their houses without ill effects." Mr. Arnott also informed the author that he occasionally employed this mode of treatment, but always with the precaution that the thread did not pierce the coats of the vein, but only remained sufficiently long to obtain a firm coagulum. With this wise proviso the operation may become an inocuous one, but, as it is customary to allow suppuration of the coats of the veins, cases were not few in which phlebitis of a most alarming character has been set up. One of these occurred whilst the author was house-surgeon at the Royal Free Hospital, amongst Mr. Gay's patients. The needles and twisted suture were applied to the saphena at several points, phlebitis came on in the leg and thigh, subsequently there was deposition of pus in the shoulder joint, and after that the lungs were attacked, and he spat fetid pus; but by good living and good treatment he pulled through, though certainly with much difficulty, and the effects remained for a long time. The responsibility of the surgeon who runs these probable risks for effecting a purpose which may be obtained by rest and constitutional treatment is tremendous; and, even though forty-nine cases out of fifty escape evil results, we are not justified in placing the fiftieth in so perilous a position. The author then referred to Mr. Henry Lee's mode of tying and dividing the vein, and thought this more complicated procedure as much, if not more, objectionable than the needle and suture, and quoted from The Lancet a case in which much secondary mischief had resulted from this operation. Having shown the occasional unhappy consequences of obliterating veins by operations, it remained to indicate a few of the means of relief, both local and general, which would obviate the necessity for these measures. Continued rest in the recumbent position, with an occasional batch of leeches over the inner condyle of the femur, are the prime requisites. Blue pill and dandelion, with a brisk purge now and then, are the medicines of most service; and Bourjeaurd's beautiful elastic contrivances, with or without a strip of soft leather, spread with soap and adhesive plaster, to support any particular bunches of veins, afford all the requisite local treatment to obviate the possibility of sudden rupture, and remove pain. The constitutional symptoms and treatment of phlebitis were further

illustrated by two cases occurring in the author's practice. In the first, a young gentleman from Ceylon, it arose from getting wet, and required highly stimulating treatment with bark, quinia, chlorate of potash, and opium, from the commencement of the attack. In the other case, that of a young robust surgeon, it was developed by sitting on damp grass after a hard day's shooting, and required in the first instance antiphlogistic treatment; but subsequently, when the pus had formed, it was necessary to stimulate largely, and give the same medicines as in the first case. Much benefit was attributed to the chlorate of potash, given in fifteen grain doses, three or four times a day. Seeing the occasional danger attendant on any operation for obliterating veins, and the certain return of the diseased condition, the author considered that, with our local and constitutional remedies at hand, we were not justified in exposing our patients to this risk, and expected to see vein tying a second time fall into disrepute.

Lancet.

Chloroform in Parturition.

BY THOMAS EDWARD BEATTY, M. D., M. R. I. A.

Professor of Midwifery to the Royal College of Surgeons in Ireland; Physician to the City of Dublin Hospital; Vice President Dublin Obstetrical Society; Honorary Member Obstetrical Society of Edinburgh, &c.

The following case exhibits in a striking manner the value of chloroform in one of the most perilous conditions attendant on parturition, namely, *puerperal convulsions:*

September 29th, 1852.—Whilst still in the house of a patient who had been just delivered of her first child, after using chloroform for eight hours, I was summoned to a lady residing ten miles from Dublin, whom I had attended at the birth of three children while she had lived in town, but on this occasion, having made up her mind to remain in the country, she had placed herself under the care of a gentleman in her neighborhood. I reached the house at four o'clock, P. M. and as I entered her room she was seized with a most violent convulsion. Immediately I opened a vein in the arm, and took upwards of twenty ounces of blood. The convulsion subsided, but she did not recover consciousness. I was struck by the extraordinary extent to which her limbs and face were

swollen, and I now learned from the gentleman in attendance that she had suffered during the last two months from a gradually increasing swelling of the legs and feet, which finally reached the thighs and upper extremities, and face. She had taken labor early in the morning, and was delivered about twelve o'clock of a very deformed child that did not live. Very soon after the expulsion of the child she complained of pain and swimming in her head, and became confused in her ideas and speech. It was on the occurrence of these symptoms I was sent for. No convulsion had taken place before the one I witnessed, but the threatening symptoms had never subsided from the commencement. As she did not recover after the bleeding, I expected she would not be long without another attack of convulsion. In this I was not disappointed, for in about a quarter of an hour she was again seized, and again I drew a similar quantity of blood from the arm. The hair was cut off, cold was applied to the head; still there was no sign of any return to consciousness on the subsidence of the fit. Tartar emetic in large doses was with difficulty got into the stomach. In less than half an hour another violent fit supervened. Her state was now one of great danger. Bleeding could not be carried any farther. The pulse was small, fast, and feeble. Chloroform appeared to hold out the only hope for her. I at once commenced its use, with most decided effect upon the convulsion. It subsided more rapidly than either of the others had done, she slept more naturally after it was over, and seemed rather less stupid when the sleep ended. Nothing like consciousness, however, appeared. I sat by the bedside and watched the advent of another fit, which being perceived I applied the chloroform and cut it short. This occurred several times, with intervals gradually prolonged between the attacks. At the end of two or three hours she opened her eyes and looked about her, though still quite unconscious and unable to answer questions. From the state of stupor she gradually passed to a condition of mania, like what I had before seen in patients recovering from severe convulsions. She sat up in bed, endeavored to get out of it, and knew nobody around her. In this state the chloroform was of the highest benefit, for by its use she was speedily calmed down, and having kept her under its influence she soon fell off asleep. Whenever she awoke and showed signs of similar violence, the same remedy was at hand to tranquilize her; and in this manner she was kept under the effects of the drug for twelve hours: at the end of that time she was able to recognize her friends about her, and she slowly but completely recovered.

I am not aware that the powerful agent, for which we are indebted to Dr. Simpson, has been used by any one in cases of *uterine hemorrhage;* and from the imperfect knowledge hitherto attained of the truly wonderful properties of this medicine, it is not surprising that its application to such cases should have been looked upon as inadmissible by even its most warm supporters. In the case I am about to relate, I was, I may say, compelled to resort to chloroform for assistance, and I am happy to say I did not call in vain. The success was so striking, the result so gratifying, that I did not hesitate to employ it in another and similar case, which occurred since I commenced to put these observations together for publication.

February 14, 1853. I was brought five miles from Dublin to attend a lady who had been under my care in three former confinements while she resided in the city. On my arrival I found the head just passing through the vulva, the labor having been short and easy. The child was soon expelled, and before the placenta came away a very profuse hemorrhage took place.

A drachm of ergot of rye was now administered, pressure, &c., of course, was attended to, and the placenta, being found in the vagina, was removed. The hemorrhage continued with great rapidity, notwithstanding very good contraction of the uterus. Vinegar and water, freely applied, seemed unavailing. The ground was covered with snow at the time. I ordered a bucketful to be brought up to the room, and making up balls, I passed them into the vagina, and heaped the hips and abdomen with the snow. By these means the hemorrhage was at last arrested, but the patient, a very small, slender woman, was reduced to a very low ebb indeed. The pulse was nearly imperceptible, the breathing distressed and gasping, and the formidable complaint of noises in the ears was urgently made. Fifty drops of laudanum in brandy were given, and in a quarter of an hour, the symptoms growing worse, seventy drops more and large quantities of the brandy were taken. Great exhaustion, great nervous excitement, great desire for sleep, harassed the patient. Repose was indispensable to her safety; opium did not procure it; time was of consequence. It occurred to me that if I could tranquilize the nervous system for even a short time, the opium she had taken would come into play and continue the narcotic influence so essential to her life. I fortunately had my chloroform with me, and as she lay tossing from side to side and calling for air, I applied the chloroform to her nose. She soon became more calm; by degrees the jactitation ceased;

she assumed a more composed attitude; and, to my great delight, sleep, quiet and natural, soon came over her. Hot jars were placed to her legs and feet, and finding the sleep so natural, I held the instrument with the chloroform at a distance from her mouth, so as to keep up the action in a faint degree. It was most interesting, and, as may be well imagined, very exciting, to watch the state of the pulse during this time. I was too far off to get any assistance. I had tried an experiment with a powerful agent, but my firm belief was that the new medicine would save her life. With the finger on the pulse while she slept, I waited for the returning wave, sometimes imagining the impulse was greater, again finding it feeble as before. But it did increase in strength, and before she had slept half an hour, there was a manifest improvement in the beat. The feet were kept warm, and the sleep was kept up for two hours, at the end of which time she awoke most miraculously refreshed. In fact I never saw any patient so thoroughly recovered at the end of twenty-four hours as this lady was at the end of two. She rapidly returned to perfect health.

Encouraged by the marked benefit derived from the administration of choloroform in this hitherto forbidden kind of case, I was led to employ it under similar circumstances on the 8th of the present month (March.)

A lady was delivered of her third child after a natural, easy labor, and as soon as the placenta came away a great rush of hemorrhage followed, which continued with great violence for an hour. Ergot and the usual means succeeded in arresting the flow of blood, but she was left in a very exhausted condition. Absence of pulse, prostration, sighing, jactitation, &c. were prominent. Laudanum in doses of fifty drops, repeated in ten minutes, and brandy freely given, failed to procure rest. Indeed the opium seemed rather to prevent sleep. I now placed a piece of sponge in the bottom of a conical shaped wine-glass, and having moistened it with chloroform, I held the glass over the mouth and nose of the patient. The medicine did not fail to produce its usual soothing effect. Soon the nervous excitement passed away, by degrees the eyelids closed, and healthy, natural sleep was induced. This was maintained for two hours, during which the warmth of the body returned, the pulse returned at the wrist and slowly regained strength, and at the end of the time when she awoke she said she felt perfectly well and happy.—*Dublin Quart. Jour. Med. Sci.*

Rupture of the Uterus at the fifth month of Utero-Gestation.

BY A. METZ, M. D., ROME, O.

On the 14th day of June 1854, I was requested to meet Dr. Caples of Rome, in consultation, at the residence of Mr. Rossetter, where I arrived in a few minutes after, and found Mrs. R. lying on her back on the bed, with hurried respiration; pale; in free perspiration; the surface quite cold, and the pulse almost imperceptible. She complained of an intense pain in her left iliac region.

The following history we obtained from the patient partly, and from her husband:

Mrs. R. aged 20 years, had been married eight months, and for five months she had believed herself enciente. For several months previous to the above date she had had several attacks of pain and heaviness in her back and iliac regions, as is common to women laboring under uterine congestion, or irritation. Those symptoms, however, were not so severe as to compel her to take her bed, nor send for her physician. On the afternoons of the 12th and 13th days of June, she experienced some pain in the left iliac region, to which, however, she did not pay much attention. On the 14th, she enjoyed her usual health, and made a call on one of her neighbors, from whence she returned at 5 o'clock, P. M., and soon after she stepped into her own door, in walking across the floor, she suddenly felt an acute and "sickening" pain in her left iliac region. She sunk into a chair, perfectly helpless, where she was found a few minutes afterwards by a neighboring lady, and placed in bed, and in a few minutes afterwards Dr. Caples saw her, and in less than a half hour after the attack, I found her in the above condition.

Before my arrival Dr. Caples had given her a dose of morphine and placed a sinapism over the painful region.

By the vaginal examination the os uteri was found not any dilated, and the neck in a condition common to that stage of pregnancy. On feeling through the walls of the abdomen, nothing abnormal could be detected, but the pressure caused great pain and faintness.

The *emergent* occasion called for a speedy diagnostic conclusion—and that conclusion was, that she had been laboring under extrauterine pregnancy, and that the ovum had become detached, and the shock on the system from such detachment, with the consequent hemmorrhage, was speedily

causing her death. *Gastrotomy* was deemed out of the question, as the patient was not in a condition to live through the operation.

To support her as long as possible, morphine, brandy and ether, were administered. In an hour she said: "The pain is much better, but I feel *so* sick!" She continued to sink; the breathing became more hurried, and the pulse made its last flickering effort about four hours after the commencement of the attack.

Post Mortem.—Twelve hours after death, an incision was made through the *linea alba*, and as soon as the peritoneum was divided, a considerable quantity of blood escaped. The first object that presented itself was the bag of membranes *not enveloped* by the uterus, and containing rather a large quantity of amniotic fluid, and the fœtus. I could not find the uterus until after I had ruptured the membranes and removed the fluid and fœtus, when by making traction on the cord, it was brought up into view, about one-fourth the size of the bag of membranes, and somewhat firmly contracted on the *placenta* which it contained. There was a rupture extending from the fundus to the left fallopian tube, through which the fœtus with its enveloping membranes, had passed.

The uterus was considerably atrophied, and any part of it could be torn with facility, between the fingers. The peritoneal covering of the uterus was not involved in the softening process, and possessed more tenacity than the uterus itself. All other parts within the pelvis appeared healthy.

Mrs. R. ever had been of a chlorotic appearance, and somewhat emaciated. Her parents both are of feeble constitution, and she was true to nature in copying after them.

It is my opinion that the remollisement was caused by general enervation and anemia; or, in other words, the supply of nervous stimulus and of healthy blood was insufficient to supply the extra demands of the uterus during gestation—thus starving the uterus until its healthy structure gave way. It would have been interesting to examine the arteries leading to the uterus, and also the condition of the heart and other organs, but this the circumstances did not permit.

Ohio Med and Surg. Jour.

Granulations of the Neck of the Uterus.

In ten women who have affections of the neck of the uterus, eight at least will present granulations. It is, therefore,

a disease of very frequent occurrence, and has for a long time engaged the attention of physicians; and yet Mr. Valpeau said, in one of his last clinical lectures, there exist on the subject many erroneous views, which it is well to correct.

This condition is nearly always designated as ulceration of the neck of the uterus; but in reality there scarcely exists any other kind of ulceration than the cancerous or syphilitic ulceration, for those which are called scrofulous or scorbutic are so extremely rare, that they scarcely deserve to be mentioned. In cases where there are granulations of the neck, there is no loss of substance, and consequently no analogy with the process of ulceration; only the first mucous surface is deprived of its epithelium; it is of a violet color, with elevations as in granular blepharitis.

These granulations are seen on the os uteri, particularly on its posterior border. They are often found, according to Mr. Valpeau, in the cavity around the neck and within the body of the os: this is what M. Recamier described under the name of vegetations of the body of the uterus; with a small instrument he scraped the mucus surface, he brought out those granulations, the fungous aspect of which seemed to verify his opinions. Others call this affection uterine catarrh, in accordance with the doctrine of Broussais, which had a tendency to refer all the affections of uterus to the inflammation and its results. This denomination is the more plausible because leucorrhoea is one of the most constant symptoms of the disease. But at the present time clinical examination enables us to point out the primary cause of these morbid phenomena, and it does not now admit of a doubt that the ordinary ulcerations of the neck of the uterus, the vegetations on the internal surface of the uterus, and the uterine catarrh, are nothing else than granulations.

The treatment of this affection is very simple and always followed by success. Accordingly, Mr. Valpeau says, that the cure is effected with as much certainty as is that of intermittent fever with quinine. There may be rebellious cases, but the general rule holds good.

The whole treatment consists in cauterizing the diseased part. Most of the caustics are efficient. Hence success has been obtained with the nitrate of silver and the actual cautery, the last of which has been much abused. That which I prefer to all others is the acid nitrate of mercury, because it is both energetic and easy to manage. But to apply it well it is necessary to have a suitable brush. These cauterizations should be repeated four or five times at intervals of eight days. After this we must be content with injections

and other accessory means. In fifteen days the disease will have been cured perfectly. We should be careful to cauterize as long as there are any granulations; this is an important item. Some practitioners adopting the other extreme continue their cauterizations too long, thus causing the disease to persist on account of this irrational treatment.

N. O. Med. News and Gaz.

Hydrangea Arborescens in Lithiasis.

Dr. W. L. Atlee has written an interesting paper on this subject, published in the New Jersey Medical Reporter. He used it internally with much success in cases of irritation of the bladder from various causes. The preparation used was a syrup prepared by Mr. Dillwyn Parrish of Philadelphia. One of the editors confirms the favorable report of Dr. Atlee, and adds the following remarks:

The Hydrangea root is kept by some of the druggists of Philadelphia. D. and E. Parrish have prepared a fluid extract, which they think contains the active principles of the remedy, and is the form in which it was employed by Dr. Atlee and myself. Mr. Joseph Laidley, now of Richmond, Va., published an analysis of it in the American Journal of Pharmacy, some two years since.

The form in which the Hydrangea is used by my father, who first called my attention to it, is a syrup made as follows:

℞ Fresh root of hydrangea, 2 lbs.
Water, 6 qts.

Boil down to two quarts, strain, and add one quart of honey, and boil down to one quart. Dose—a teaspoonful twice or three times a day. "I have tried a tablespoonful, but it produced vertigo."

We hope the profession will investigate the virtues of this plant, and record them in some of the numerous journals of the country. We would be pleased at any time to hear from any who have used it.

We presume the article can be procured from the apothecaries of Richmond.

B.

Chloroform as a Local Anæsthetic.

It is well known that certain neuralgias yield readily to the vapor of chloroform, as if by enchantment; and that also when a painful part is enveloped by the vapours, it loses its sensibility. Dr. Hardy, vice-president of the Obstetrical Society at Dublin, invented an instrument destined to direct the vapors of chloroform upon the painful parts, and he obtained remarkable results. M. Hardy used this instrument specially against uterine pains accompanying cancer. The patients could employ for themselves, these vapor douches, and as soon as the neck of the uterus became enveloped, the pains ceased, as if by enchantment. The pains also ceased in the back and loins, and the relief continued for some time. When the pain reappears, it suffices to reapply the means referred to, to dissipate it a second time. M. Hardy also applied effectually the same means for the relief of painful swelling of the breasts, applying the canule of the instrument under the bit of linen which covered the diseased organ. M. Charrière has introduced this instrument into France, and it is now widely used. They have gone further still, though not always with complete success, in endeavoring to extend its use to producing insensibility previous to the employment of the knife. Nelaton, Dubois and Michon have employed it successfully. At Val-de-grâe also, M. Larrey applied this little instrument successfully, in relieving the pain in the wound following amputation of the thigh. M. Charrière has modeled it by the addition of a flexible tube, by means of which the vapor can be applied to various portions of the body.

Charleston Medical Journal.

A Case of Spontaneous Dislocation of the Head of the Femur into the Ischiatic Notch, occurring in Morbus Coxarius, presented itself in the practice of Dr. Jas. R. Wood, surgeon to Bellevue Hospital N. Y.

Dr. Wood remarks: "I have deemed it judicious to publish this, partly on account of the *unique* character of the case, it being at least, the only one of dislocation into the ischiatic notch that I have ever seen or heard of in morbus coxarius; and also, because it has been recently proved that any spontaneous luxation (as the word is commonly defined,) in the course of hip joint disease, is a very rare event; so rare, indeed, that every occurrence of it, shown indubitably by the post-mortem, should be publicly recorded for the benefit of the profession."

Toxicology.

Attempted Murder with Nitric Acid.—The dead body of a woman was found, presenting abundant traces of the action of nitric acid in the mouth, on the face and upper part of the body and garments; the throat, also, &c., exhibited marks of violence, such as abrasions, impressions of fingers, &c. Similar stains on the clothes of a man with whom she had cohabited, and with whom she had been seen a short time previously, were proved by chemical analysis to have been caused by nitric acid. On examination of the body, it was found that the nitric acid had not reached the stomach. It was suggested that this was not necessary to the fatal result, as death may have been caused from suffocation induced by the irritating effect of the acid upon the glottis. The suggestion is, however, as M. Chevallier observes, merely theoretical. The congested state of the brain and lungs, together with the injuries on the neck, rendered it more probable that death had occurred from strangulation, and that the fatal consequence may have been favored by the deceased having been intoxicated. We may observe, however, that both Dr. Christison and Dr. Taylor state the possibility of death being caused by the action of a mineral acid, as here suggested; and although regarded by M. Chevallier as a mere hypothesis, the fact is cited by Dr. Taylor as having been met with by Mr. Quain in 1836, and by the late Dr. A. T. Thompson, in 1837.*

This case occasioned the questions—Whether the stains of nitric acid applied to the living body differ from those it produces after death? How long these would remain? and, whether other acids would cause similar effects? M. Chevallier observes, that the effects of nitric acid applied during life vary with the degree of its concentration and the duration of its application. Strong acid will produce a greyish eschar, more or less deep, surrounded with a more or less intense yellow ring. Simple epidermic stains are first of a canary color, becoming, after some hours, of a deep orange hue, remaining until the epidermis wears off. Applied to the dead body, nitric acid produces stains of a sulphur or yellowish-green color, which, in about ten or twelve hours afterwards, becomes surrounded with a more or less extensive grey tint, evidently from imbibition of a portion of the acid; towards

*See Taylor on Poisons, p. 222; Medical Jurisprudence, 4th edition, p. 43; Christison on Poison, p. 157.

the third day, this greyish stain presents, at its limits, a pale violet hue. These characters will last for about seven days.

Experiments performed by M. Chevallier, with sulphuric, hydrochloric, and oxalic acids, show that each of these presents particular characters, but all differing from those of nitric acid.—*Journal de Chimie Médicale.*

Poisoned Confectionery.—The Lancet Analytical Sanitary Commission gives the following summary of 101 analyses of colored confectionery, of the sugar-plum and sweet-meat order. The colors were given by various substances—e. g.:

Yellows—In 59 samples, the color was given by varieties of chromate of lead; and in 11, by gamboge.

Reds—In 60, this color was derived from cochineal; in 12, from red lead; in 6, from bisulphuret of mercury.

Browns—8 were colored with brown ferruginous earths.

Purples—2 were colored with a mixture of Prussian blue and (probably) cochineal.

Blues—1 was colored with indigo; 21 with Prussian or Antwerp blue; 15 with German or artificial ultramarine, a sulphuret of sodium and aluminium.

Greens—10 samples were colored with varieties of Brunswick green, a mixture of Prussian blue and chromate of lead; 1 was colored with carbonate of copper; 9 with Scheele's green, or arsenite of copper.

Several of these coloring ingredients were variously combined in some samples. In all the cake ornaments, the colors used were painted on with carbonate of lead.

The majority of the above coloring matters are among virulent or deadly poisons. The quantity is not in all cases so small as supposed, as proved by instances frequently occurring of disease, and even death, following upon their ingestion; moreover, it must be borne in mind, that the effects of lead, mercury, and arsenic, are cumulative.

In France, Belgium, and Switzerland, the employment of poisonous coloring matters in articles of confectionery is penal; and the venders are held responsible for all accidents which may be occasioned thereby.—*Lancet.*

Poisonous Contamination of Alimentary Matters.—In the Medical Times and Gazette of April 15th, Dr. Alfred Taylor has related the circumstances under which he detected the accidental contamination of the bread placed on his table, with Scheele's green.

In the Journal de Chimie Médicale, February, there is also an account of the ill effects of fly poison, which had been mixed in cheese in order to prevent the development of maggots! and by which several persons were seriously affected.

Poisoning from Ænanthe Crocata.—A woman, aged 24 years, for the relief of erythema, on going to bed, drank a strong decoction, under the name of "herb tea." She was very soon after seized with faintness, purging, and vomiting, followed by convulsions, and died within an hour after having taken the poison, which was ascertained by Dr. Nicol, of Swansea, to have been hemlock water dropwort (*ænanthe crocata*), and the wild celery (*opium graveolens.*)—*Association Journal.*

Poisoning with Hyoscyamus Niger.—Dr. Schlizzi, of Aigues-Mortes, relates that several persons accidentally partook of a considerable quantity of the roots of this plant, which they had mistaken as edible. They were instantly seized with the symptoms of poisoning, varying in severity according to the quantities severally eaten. Those who had taken a moderate dose presented all the characters of mania; those who had taken rather more became apoplectic, and as this condition passed off, exhibited maniacal excitement; lastly, those who had partaken most largely of the roots, suffered also from tetanic symptoms similar to the effects of strychnia. The quantities taken are not stated.—*Journal de Chimie Médicale.*

Chronic Poisoning with Ergot of Rye.—A girl was admitted into the Hôpital Cochin, under M. Maisonneuve, who had lost the use of her fingers for a month previously. One of the last phalanges in both hands was of a deep black color; the tips of the others were purple and cold. The fingers themselves were stiff, cold, shriveled up, and painful to the touch; while the hands were covered here and there with red spots, like erisypelas. The pulse was perceptible at the wrist. The feet were swollen, but presented no sign of approaching gangrene. She stated that the limbs were never the seat of any spontaneous pain, and that she had felt no giddiness at the beginning of her illness. Previous to the appearance of the gangrene she had been regular, but since then she had never menstruated. For three months prior to her illness, she had partaken of no injurious food.—Quoted from Gazette des Hôpitaux, February 11, in Dr. Littlejohn's Report on Toxicology in the *Association Journal.*

Notice of Frederick Marx, M. D.

We take great pleasure in presenting our readers in this number with a lithograph of Frederick Marx, M. D.

Dr. Marx was the fifth president of the Virginia Medical Society, to which office he was elected on the 19th of December 1843.

Prize Essay.

At a meeting of the Medical Society of Virginia, held in April 1853, the following resolutions were adopted:

1. That a medal or some suitable testimonial, not to exceed fifty dollars in value, be awarded annually by the society for the best Essay upon some Medical Subject.

2. That a committee of three be appointed to examine all Essays that may be offered, and select the one worthy of such medal or testimonial.

At a meeting of the society, held in April 1854, on motion of Dr. Atkinson, it was resolved that the subject of the next Prize Essay should be *Pneumonia*, and the president of the society was directed to appoint a committee of three to award the premium.

In order to carry out the above resolutions, the president of the society has appointed the undersigned a committee to examine such Essays as may be offered on the subject of pneumonia. All communications must be addressed to the chairman of the committee. They must be accompanied by a sealed note, containing the name of the writer and bearing upon its face a motto corresponding to the one prefixed to the Essay.

Unsuccessful Essays will be returned, should the writers so desire. No Essay will be received after the first of March 1855.

All communications forwarded by mail must be prepaid.

David H. Tucker,
Richmond.

John Staige Davis,
University Va.

John J. Thweatt,
Petersburg.

April 22d, 1854.



Th. Nelson M.D.

Lith. of Ritchies & Dunnavant Richmond Va.

THE

STETHOSCOPE.

THE PROPERTY AND ORGAN OF THE

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Edited by a Committee of the Society.

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African Consumption.

BY JOHN R. HICKS, M. D., OF NORTH CAROLINA.

The observations of Dr. Cartwright on the "Diseases and Physical Peculiarities of the Negro Race," originally published in the New Orleans Medical and Surgical Journal, have attracted the attention of southern physicians.

As specimens of these papers, we transfer to our pages in the department of selections, his remarks on the "Negro Consumption"—and "Drapetomania, or the Disease causing Slaves to run away."

We have seen many cures of the disease, termed African consumption, in the states of Virginia and North Carolina.

We have watched it in all its stages, and sought for its causes, and effects, and anatomical characters, by repeated autopsical examinations.

We have always found morbid alterations of the mesenteric glands, and had regarded the pathology of negro consumption as definitively settled as that of any other disease whatever. Its victims usually die from inanition—the streams

of nutritive material being cut off, from the supply of the system, by the obstructions presented by the morbid alterations in these glands, or are worn down by constitutional irritation.

On reading these papers of Dr. Cartwright, we forwarded them to Dr. Hicks of North Carolina—a gentleman who we knew had enjoyed the amplest opportunity, and taken the greatest pains in investigating the subject. We herewith present our readers with his reply.

Diseases of the negro race have long engaged the astutest medical minds of the south—and all that concerns them is just now invested with additional interest, by the asserted developments of ethnological research.

Efforts to make out a distinctive negro physiology or pathology have thus far presented but meagre results—at all events not conspicuous enough to afford any valuable prop to the doctrine of distinctive "primordial organic types."

We believe the fundamental doctrines of medicine are applicable equally to all the races of the genus homo, requiring such modifications as habits, and modes of life, and climate make necessary.

We shall present to our readers other of Dr. Cartwright's papers on these subjects, some of which are scarcely less fanciful than his "Drapetomania."

W.

Oxford, Sept. 15th, 1854.

Dear Doctor—Your kind favor of the 4th instant, accompanied with a copy of the Georgia journal, called the Blister and Critic, containing an article by Doctor Cartwright, on African consumption, has just been received. You cannot well conceive my surprise at finding the doctor locating the disease in the mind of the negro. The doctor certainly did not study the disease at the bed side of the patient, nor could he ever have made a post-mortem examination of one having died of this affection. No disease in the whole catalogue of human ailments leaves behind it better defined and more well marked anatomical characters than the disease we are in the habit of calling African consumption in this region of country. I have made many post-mortem examinations, and have uniformly found the mesenteric glands enlarged, from the size of

a pea to that of a hazelnut, and in various stages of maturation; the liver more or less changed in its structure, and frequently containing numerous small abscesses. The lungs, I have seen in various stages of diseased action, from very slight to complete disorganization. The heart, though normal in a large majority of the cases I have examined, I occasionally have seen greatly atrophied, very much diminished in size—the walls exceedingly thin and flaccid.

I have never been enabled to discover the slightest alteration of structure in the stomach—not even a trace of inflammation.

No person, I presume, who has had an opportunity of witnessing the disease, from its earliest stage to its fatal termination, can doubt the fact, that the first manifestation of diseased action or alteration of structure commences in the mesenteric glands. Often have I been consulted by negroes, apparently in good health, complaining of pain around the navel. Upon enquiring into the history of their family, I have ascertained, that some of their ancestors have died (to use their own language) in a strange way—some have stated that their father or mother was supposed to be poisoned. I have marked it as the commencement of the alteration of structure in the mesenteric glands, which has so frequently proved fatal under my observation. In a short period of time emaciation would become apparent; the skin loses its smooth and black appearance, and assumes an ashy hue; the heat of the skin above the natural temperature, and frequently covered with a dewy perspiration; the finger nails pale and curved; the pulse irritable, quick and frequent, 120 in the minute; the respiration short and quick, upon slight exercise.

After the disease has advanced through its first stage, the patient rarely complains of anything but debility. In a few instances, where the disorganization of the mesentery has been very great and involving other of the abdominal viscera, I have seen the patient suffer severely with neuralgic pains of the lower extremities. Early in my profession, I adopted the idea that the disease was produced by the constant action of cold upon the skin of the negro, producing a reflux of the fluids to the abdominal viscera, and from their long continuance, chronic inflammation, induration and enlargement of the mesenteric glands was produced, thus arresting the supply of nutriment to the system, leaving the patient to die of inanition, with a good appetite, a healthy stomach and an abundant supply of nutritious food.

Observing the fact that the disease occurred in particular families; a more minute inspection of the diseased glands has satisfied my mind, that the deposit is tuberculous, and

that the disease is strictly hereditary, and that the only agency cold can have in the production of the disease is to act as an exciting cause. If the disease is hereditary, and the deposit tuberculous, as my observations irresistibly lead me to conclude, in what consist the difference between phthisis pulmonalis of the white race and African consumption? My own opinion is, that from some peculiarity of constitution inexplicable, that the deposit commences differently and is more universally diffused in the African than in the white race. Consumption in the white race plays its part most conspicuously on the lungs. The African consumption produces its greatest ravages upon the mesenteric glands.

As to the treatment, I deem it unnecessary to say anything to you on the subject. The only benefit I have ever seen derived from any plan, has been a mere temporary alleviation of symptoms, with a probable prolongation of life—the disease invariably proving fatal.

The doctor's idea of locating a disease so destructive to human life, attended with such fatal organic lesions "in the mind," is to me truly astonishing, and altogether inconsistent with all my preconceived notions of the action of a diseased mind upon the organs of the body. And I would challenge the doctor to show an instance of a negro manifesting the superstitious notion of being poisoned or conjured until he is far advanced in the disease. The doctor has evidently mistaken the effect for the cause. The regularly failing health of the negro and inability to obtain relief does ultimately lead to the superstitious notion of poisoning in some instances, but is by no means universal, nor does it exist in a majority of instances within my knowledge.

It is also worthy of notice, that the doctor leaves us to infer that this disease is peculiar to those negroes only, who are badly fed, badly clothed, overtasked, and otherwise maltreated. My observation leads me to a far different conclusion. To my certain knowledge, the victims of this disease are as numerous among house servants, and the servants of kind and humane men, as among those who are exposed to all the outdoor hardships, and the property of cruel and brutal masters. And among negroes belonging to kind and humane masters least of all would we expect disease of mind, for every southern man must have observed that melancholia is a far greater characteristic of the white race. The mirthful glee and joyous spirits of the negro are proverbial—the hearty laugh, the merry dance, and pompous gallantry fill up his pastime—possessing primitive habits of thought and amusement, gloom and darkness, with the rapidity of summer

clouds, pass from over his mind, unless a more serious disease has fastened upon his mortal frame.

With the hope that the medical society with which you are connected may shed some light upon this interesting and fatal disease of the African race, and with a sincere desire for your success and prosperity,

I remain, dear sir, yours sincerely,

JNO. R. HICKS.

G. A. Wilson, M. D. Richmond, Va.

Angina Pectoris.

BY F. L. J. VALLEIX, OF PARIS.

Translated from the French, for the Stethoscope.

Angina pectoris is one of those affections, the nature and seat of which it is difficult to determine, notwithstanding the many works which have been published to elucidate the subject. The numerous opinions advanced by authors, not excepting that which M. Lartigue has so recently enunciated with so much ability, leave the physician in such a state of uncertainty, that the most careful examination of facts cannot fully enlighten him; for we there find complications which conceal the true character of the disease, and the record of the anatomical lesions discovered, far from throwing light upon the question, only serve to render it more obscure.

The disease was never thoroughly studied until towards the close of the last century. Traces of its description have been sought for in the writings of the ancients, but there is such a want of precision in the diagnosis, that their account of it avails us but little. I shall not attempt a detailed history of angina pectoris, for the reader may find it in the recent memoir of M. Lartigue. I shall content myself with the statement that F. Hoffmann has cited many cases of this affection; that Morgagni has made us acquainted with many others, exceedingly interesting; that Heberden, who was the first to call the disease by the name of angina pectoris, has given a very good description of it; and that after him Fothergill, Wichmann, Baumes, Brera, Jurine, Gintrac, Forbes, the authors of the Compendium, and particularly M. Lartigue, have more accurately described the affection, and have given to the

world very different opinions in regard to its nature, as I have already taken occasion to observe.

Definition; Synonyme; Frequency.—After what has been said, we can readily perceive, that it is difficult to give a definition of angina pectoris. Not wishing to anticipate, I shall confine myself to a description of its principal characters, intending to discuss its nature and seat, when I come to speak of the diagnosis. The disease is one characterized by violent and sudden pain, which is located at the inferior portion of the sternal region, often extending itself to the neck and arm, and causing such terrible agony, that the sufferer is obliged instantaneously to stop, and remain completely immovable until it passes away.

The disease has been called by the several names of *cardiogmus, cordis sinistri (Sauvages;) angor pectoris; sternalgia; sternocardia; syncope angineuse; asthma arthritique*, &c.

Although many cases of angina pectoris are on record, yet we cannot say that its frequency is very great. If we accept, without a rigid examination, all the cases furnished by authors, it is less frequent than might be imagined; for the shades of difference which exist between angina pectoris and other nervous affections are so slight, as we shall presently see, that errors in diagnosis have often been committed.

Causes—Predisposing Causes—Age.—According to the rigorous investigations of M. Lartigue, it appears that angina pectoris, which, upon the authority of some authors, is more frequent between the ages of forty and fifty, never attacks very young subjects, and is rarely seen before the age of twenty-five years. It then increases in frequency up to the period of fifty, between which and sixty years of age it becomes quite common. After this, the number of cases perceptibly diminishes.

Sex.—Men are much more frequently attacked than women; the relative proportion of the former being very considerable. It is probable that hereditary predisposition may have some influence in its production, although the facts upon which this opinion is based are not entirely conclusive, according to the observation of Lartigue.

Professions.—The manual professions or trades predispose less to angina pectoris than do many others. Agreeably to facts, ascertained upon this point by the author just mentioned, it appears that quite a large proportion of priests have suffered from the disease; and Dr. Carron tells us, that the cases are more frequent in cities than in rural districts.

We know but very little in regard to the influence of constitution and temperament. The affection is more frequently

encountered in cold and humid, than in warm climates. A rheumatismal taint has been looked upon as one of the most powerful predisposing causes.

Occasional Causes.—In nearly all the cases observed, the first attack occurred while the individual was walking briskly against the wind, or at the moment of ascending a ladder. It has been known to supervene during the act of shaving one's self; after a debauch, from external violence, and from the excitement of passion.

The determining causes of subsequent attacks are of the same character; but as the disease becomes more fixed as it were, the most trivial cause will reproduce it. Under such a state of things a false step, a hurried movement, the acts of coughing, defecation or coitus are often simply sufficient.

Symptoms.—From what has been said, it will readily appear that the *debut* of the disease is almost always sudden. In the first instance, patients are often attacked while in the enjoyment of excellent health, or if they have experienced symptoms of previous ill health, these symptoms may not have been at all aggravated prior to the attack of angina pectoris. Pain is the prominent symptom of this affection. It marks the commencement of the attack. In some rare instances, it is preceded by a general inquietude, greater or less in degree, or a rumbling sensation in the left hypochondrium.

The pain is felt behind the sternum at its inferior portion, on a level with the precordial region; it is at this point that the pain at first is wholly experienced. In some instances, however, it has been observed to commence in the arm or neck, more particularly in those cases in which there exists a brachio-thoracic neuralgia.

In the opinion of Lartigue, the pain can only exist on the left side; and as this author regards the disease as a neuralgia of the cardiac nerves, he could not indeed admit of its existence at any other point. Laennec, however, cites a case where the pain was on the right side; and I myself at the time of the publication of my treatise upon the neuralgias, met with a case in which the pain was located in the fourth intercostal space of the same side. Unfortunately, I cannot enter into a longer account of this case, not having taken any notes of it. It is another proof, however, of the necessity of marking down all necessary details, in order fully to report the facts. Although the chief seat of the disease may be a little to the left of the sternum, it may yet be felt upon the right side of it; according to Fothergill, it may follow the course of a line extending from one mamma to the other.

The pain is pungent; patients experience a sense of con-

striction; while some complain of a *piercing* pain, which is particularly to be noted; for this is its general character, and is so extremely violent, that according to the experience of many of the sufferers, nothing can be imagined more severe.

The pain may remain fixed behind the sternum. Very often it extends to other portions of the chest, to the neck, and to the corresponding arm. Lartigue asserts that when it reaches these latter points, it becomes much less severe, and is often substituted by a benumbed or tickling sensation.

State of the Respiratory Passages.—In examining the condition of the lungs, we should be careful not to attribute to the angina symptoms which may be due to some complication, or indeed to some other disease. Patients affected with emphysema, or with disease of the heart, in which the respiration is disturbed, may be the subjects of angina pectoris; but difficulty of breathing is not an essential character of this affection. At the moment when the extreme pain manifests itself the respiration is suspended, because the patient is afraid to breathe; and if he dreads suffocation, he equally fears the duration of an agony in which he dares not make an effort to respire. There are cases however, although they are infrequent, in which the individual feels the necessity of making deep inspirations. In many instances, it is quite certain that the respiration may be affected, while the symptoms of angina pectoris are sufficiently evident, and while there is nothing in the condition of the lungs or the heart by which we can account for it. In such cases, the angina is as it were complicated; the neuralgia has extended itself, and instead of being limited to the cardiac nerves, it has also invaded the pneumogastric. This is the explanation of M. Lartigue, and so important is it in the history of the symptoms belonging to this disease, that we should like to see it supported by a more rigorous analysis of facts. It is to be regretted that this gentleman has stated his propositions in a manner too general, and this has rendered his opinions somewhat vague. But it is entirely certain that in very many of the cases reported by authors, the precordial pain, from the commencement of the attack, is attended with considerable difficulty of respiration. As to those cases in which it appears to be the predominant symptom, in which there is much agitation, and in which from the beginning of the attack these phenomena persist for a considerable time, we are willing to acknowledge with M. Lartigue, that the patient must labor under some other affection simultaneously with the angina, and that if we have reached a different conclusion, it is because the diagnosis has not been based upon a sufficiently accurate foundation.

When we turn our attention to the circulation, we must be very careful to draw a distinction between the complicated and the uncomplicated cases. In the latter, even when the paroxysm is of long duration, the pulse is neither irregular nor intermitting; it is contracted and a little increased in frequency. In cases complicated with disease of the heart, on the contrary, the pulse may present all those pathological phenomena which appertain to affections of this organ. And in consequence of not having closely observed this distinction, many writers have attributed angina pectoris to disease of the heart or large vessels; had they rigidly scrutinized their cases, however, they might have entertained different views.

Towards the close of the paroxysm, in a certain number of cases, *eructations* have been noticed to occur. Lartigue attributes this symptom to the sympathy engendered by the anastomosis of the affected nerves, with the nerves of the stomach. In a small number of patients, pain in the bladder and some little difficulty in voiding the urine, have been observed; but these symptoms are but of little importance.

Progress, Duration, and Termination of the Disease.—From the description already given, I might almost dispense with saying anything in relation to the progress of this affection. The debut of the attack is sudden, and during the interval of the paroxysms, the patient appears to enjoy the most perfect health. But as the disease progresses the attacks become more frequent, of longer duration and more severe; this is particularly so in complicated cases, for the complications themselves may also be in a state of paroxysm. Where such is the condition of things, the patient is very liable to be attacked after a meal. When a cure is effected, or an amelioration of the disease occurs, the attacks become less frequent and less intense before they finally disappear.

The *duration* of the disease is very variable. From a table furnished by M. Lartigue, it appears that where death has resulted, the duration has varied from two months and a half to seventeen or eighteen years; but instances are more numerous where the duration has been from two to six or seven years. It is proper to observe, however, that the number of cases from which this table has been calculated, is not considerable. In five cases terminating favorably, the disease lasted from a few months to two years.

The more frequent *termination* of angina pectoris, is in death. In simple cases, as well as in those complicated with organic disease of the heart and large vessels, death is often quite sudden. Sometimes patients die after the termination of a paroxysm in which the symptoms have been unusually severe.

In a small number of cases, the disease has been so much mitigated, that patients have lived for a long time without much distress. A few persons recover entirely; and what is a little remarkable, in some of the recovered cases, swelling of the testicle has been observed to ensue.

Anatomical Lesions; Nature and Seat of the Disease.—The anatomical lesions, found in subjects who have died of angina pectoris, are quite numerous. Ossification of the coronary arteries has been detected, (Black, Parry, Kresig;) organic lesion of the heart, (hypertrophy, ossification, cartilaginification &c;) of the arteries (ossification, cartilaginification, inflammation;) clots of blood in the heart's cavities; enlargement of the liver; ossification of the costal cartilages; and effusions in the pericardium and pleura.

The variety and multiplicity of these lesions are sufficient to make us doubt their true value. We shall doubt their value still more, when upon an examination of the facts, we shall discover that in very many of the cases in which they have been found, no angina pectoris existed. I cite as an example, the observations of M. Covrigan, in which the existence of inflammation of the aorta was clearly established, but in which there appeared no symptoms of the disease under consideration. These doubts appeal to us with more force, when we recall the fact related by M. Gintrac; in this case the patient was cured of angina pectoris, although the affection of the aorta, upon which it may have been supposed to depend, still persisted. And finally, cases of the disease have been observed in which none of the lesions mentioned above have been discovered. This argument appears conclusive.

From all the facts we have now stated, it results that angina pectoris must be regarded as a nervous disease, resembling in its characteristic features the neuralgias; and it is for this reason that several authors have classed it among the anomalous neuralgic affections.

But after all, where is the *seat* of the affection? With Laennec and Lartigue, we are inclined to locate it in the cardiac nerves; but in order to place this opinion beyond all doubt, it will be necessary to have a more careful analysis of facts, and reported more in detail than any which we now possess. Sometimes the disease invades, either at the same time or successively, the pneumogastric, the cervical, and the intercostal nerves; there is then a reunion of these several nervous affections. Such is the manner in which it seems to me the affection should be considered, in the present state of the science. As to the complications of the heart and the aorta which have been discovered, we may perhaps regard

them as predisposing or exciting causes of the disease, but not necessarily and essentially connected with it.

Diagnosis.—It has been made apparent to us during the course of this article, that many errors in diagnosis have been committed; but this arises from the fact, that the peculiar characters of angina pectoris have not always been rigorously appreciated. There was a time indeed when all the affections attended with suffocations, were regarded as cases of this disease. It was at the period, when the memoir of Heberden appeared. Hear how Wichmann expresses himself on this subject: "So soon as any one complains of difficulty of breathing or of constriction of the chest, he is immediately said to labor under angina pectoris; and the case is related as such." It is evident that when the minds of physicians are thus prejudiced, it is not difficult to deceive one's self.

But if we mark well the characters of the disease above related, we shall scarcely fall into a similar error. Particularly let us not forget, that the attack supervenes suddenly, that the pain which characterizes it is so acute as to cause the patient instantly to be arrested in his course, and may then speedily leave him; and if we reflect upon these circumstances, we shall see that there is no other affection which perfectly resembles it. I have seen, it is true, a dorso-intercostal neuralgia give rise to symptoms somewhat similar; but the identity was not perfect. When the angina exists in combination with other diseases, the diagnosis should be carefully studied; but it is not always difficult to distinguish the two diseases. The dyspnœa attending nervous asthma, and the painful points observable in thoracic and cervico-brachial neuralgias, do not mask the essential characters of angina pectoris. However, to avoid all obscurity upon the subject, it is necessary that new facts should be collected and studied with all the exactitude of modern investigation.

Prognosis.—After what has already been said, it is easy to understand, that regarded in a general point of view, the prognosis in this disease must be considered very grave. This opinion may be slightly modified, in cases which are purely nervous or idiopathic, for these are uncomplicated with any organic affection.

Treatment.—In order fully to appreciate the proper treatment in this disease, an analysis of a sufficient number of well marked cases is absolutely necessary; but unfortunately, a want of precision in the diagnosis in many of the reports, presents a difficulty in tracing out the exact line of practice which ought to be pursued.

Bleeding.—Many writers have recommended blood letting;

but as Lartigue remarks, it would certainly be wrong to resort to this measure, in cases of the disease which are purely nervous, either during the paroxysm or after its subsidence. In complicated cases we may indeed feel authorized to bleed the patient; and this must depend upon the skill and judgment of the practitioner.

Narcotics.—Narcotics are useful in almost all cases of the disease; they are freely recommended by authors. Opium is frequently employed, and it should be used in increasing doses.

Doctor Batten particularly recommends belladonna. To fulfill the same indication, resort has also been had to hyosciamus, Dover's powder, and distilled laurel water; in some instances marked benefit has been derived from the salts of morphia, used after the endermic method of medication. Schlesinger employs a combination of the extract of lettuce and digitalis.

Antispasmodics.—Very many of this class of remedies have been employed in this disease. Wichmann and Jurine recommend powdered valerian. Perkins advises a combination of sulphate of zinc and opium, as follows: ℞ Sulphate of zinc, 0.05 grammes; opium, 0.02 grammes. This dose to be taken night and morning. The administration of musk, assafœtida, castor, camphor, and the med. prussic acid, has been recommended.

Tonics, antiperiodics, ferruginous preparations.—I shall limit myself to the mere mention of these remedies. They are not to be employed, however, in cases of angina complicated with organic disease of the heart. The articles chiefly used are quinine, the carbonate and the sulphate of iron, &c.

Excitants.—It is more especially during the paroxysm, that resort is had to stimulating remedies. Heberden employed spirituous liquors; aqua ammonia, sulphuric ether, &c. have been advised.

Emetics.—Many authors, particularly Parry, have recommended emetics in violent paroxysms of the disease. But there is reason to believe, that in those cases in which benefit seemed to arise from their use, the disease was not truly angina pectoris; they were probably attacks of asthma attended with severe pain in the chest.

Nitrate of Silver.—This remedy was first employed by Cappe. At a later period it was prescribed by Harder and Zipp; but from the few cases which have been reported, we cannot pronounce upon its efficacy, and we know that its administration is sometimes attended with disagreeble results; hence I shall not insist upon its use.

Fowler's Solution is recommended by Alexander and Dr. Harless. The former administered it in the dose of six drops three times a day. Its long continued use may prove objectionable, as in the case of the remedy above mentioned.

Sudorifics have been employed by those physicians, who regard the disease as rheumatismal in its character.

Blisters, *cauteries* and *moxas* have been applied to the painful points of the chest. Liniments of a stimulating nature have also been employed. But when they have proved serviceable, is it certain that the disease may not have been a thoracic neuralgia, instead of the one on which we are now treating? It is perhaps difficult to determine this point: should the thoracic neuralgia exist as a complication, or as an independent affection, these means may prove to be useful.

In one case of angina pectoris, M. Lebreton was successful in producing a considerable degree of amelioration by the application of the magnet. Laennec tells us that he has often succeeded in diminishing pain by the application of two plates of steel strongly magnetized, and about a line in thickness; one being placed upon the left pectoral region, and the other upon a point on the back, in such a manner that the poles were opposite to each other. If the relief was but slightly evident, he then placed a small blister under the anterior plate.

Baths, both warm and cold, have been often used. Morgagni recommends the painful arm to be immersed in warm water, either before or during the paroxysm. Should there be reason to apprehend that gouty metastasis has occurred, means should be employed to recall the disease to its accustomed seat. Lartigue and other authors concur in this recommendation. To obtain this result he recommends the employment of Pardier's cataplasm, which is composed of the following ingredients: Balsam of mecca, 20 grammes; powdered saffron, 15 grammes; powdered sage, powdered sarsaparilla, powdered red bark, a a, 30 grammes. Dissolve the balsam in a proper quantity of alcohol; macerate the other substances for four or five days in the same medium; pour them together and then filter.

Of this tincture, 2 parts; lime water, 4 parts; flaxseed meal, q. s. Apply it warm.

In conclusion, I must repeat that the treatment herein noticed is not sufficiently established upon the solid basis of fact; that new researches are yet necessary, and that we cannot place any great confidence in means, which in a large majority of cases do not arrest the progress of the disease.

Hygiene.—Hygienic measures are of great utility in the

management of angina pectoris. We should advise the patient to be as calm as possible under all circumstances; to use passive exercise in the open air; to avoid full repasts; to adhere to the exclusive use of water as his ordinary drink. He should also carefully attend to the condition of his bowels; wear flannel next to his skin; avoid a cold and humid atmosphere, and rapid walking, particularly over a hilly country, and against the wind. And finally, he may try the efficacy of river or sea bathing; cold affusions may also be advised, for many cases are on record which seem to have been mitigated by this means.

Report of a Case of Supposed Poisoning by Strychnia.

Oct. 9th, 1854.—I was called to a gentleman residing in Chesterfield co. Va., in full health, æt. 42, who was taken suddenly sick, after partially eating his breakfast. He arose from table after taking a small bit of broiled beef into his mouth, which he swallowed. He remarked to his family, that it was intensely bitter, and arose from table after having swallowed part of a cup of tea. In from ten to eight minutes, he complained of being very sick. At short intervals, an indescribable feeling would seize him, which would last a minute or two. In fifteen or twenty minutes, they increased to such an alarming extent, as to require the aid of a physician. I saw him in about two hours after he had swallowed the beef, supposed to contain the poison. I found him on the bed, in a large room, with one window hoisted immediately at the head of the bed. As I approached, he endeavored to speak, which threw him into a violent spasm, which lasted near a minute. On his returning to consciousness, he remarked, "Doctor, I am poisoned." I tried to allay his suspicions as well as possible. I extended my hand to feel his pulse, when he screamed, begged me not to touch him, and immediately went into a spasm worse than the previous one. The breathing was nearly suspended, from the intensely rigid state of the muscles as well of the extremities as of the trunk. The breathing appeared to be carried on entirely by the diaphragm. The face and neck were livid, eyes half closed, lips thin and compressed. I immediately administered, on this return to consciousness, a large quantity of mustard and warm water, which, however, it was difficult to get him to swallow; the very sight of which produced tetanic spasms;

when placed in actual contact with his lips, produced a shock similar to that of a strong galvanic battery. However, I succeeded, by the assistance of two men, to get a large quantity down, which soon produced emesis. I then repeated the emetic, with the addition of tart emet., pulv. ipec., aa. gr. x, which completely emptied the stomach. There was nothing solid in it, having eaten nothing since the night before, except the small mouthful of beef which was ejected. He was perfectly conscious except during the paroxysms, of which he had some eight or ten, very severe. I administered milk freely, which would be returned after a few minutes, with the greatest ease—making no effort to vomit, but being ejected *altogether* by the spasmodic action of the stomach. It was in hard curds, mixed with other fluids. He had taken water, &c. the thirst being very great. Seeing the milk returned in this condition, I administered, with it aq. calcis in considerable quantities, which did not correct that condition. As the active emesis had subsided, I administered sub. mur. hyd. gr. xx.; pulv. jalap, xv. in pill, which was retained, as I watched closely for them after emesis.

I found that a tendency to spasm was greatly allayed by large mustard plasters on the inferior extremities.

The sensitiveness was so great, that a fly alighting on the surface, or a puff of wind from the window, or from a fan, would produce violent spasm.

My friend, Dr. Weisiger, having arrived, we administered opii. gr. ss., gum camp. gr. v. We administered a large domestic enema, which did not operate freely until dark, after which he appeared more comfortable; slight spasm at intervals of 20 minutes or half hour; he could converse freely without inducing a return of them—slept often during the night; toward day had four or five large, thick and somewhat dark evacuations; urine scanty.

8 o'clock, Oct. 10.—Condition very much improved; occasional spasmodic start, but very slight. I left him about that time, giving directions what should be done, with the remark from him, that he would see me in town on the next day. He remained much the same until 12 or 1 o'clock, when he became very restless. I was sent for, but did not receive the summons. Dr. Weisiger, however, attended, and I learn from him that when he reached him he found him gradually sinking; pulse slow and feeble; extremities cold and stiff, which gradually increased until 6 P. M., when death closed the scene.

Post-mortem.—Some congestion about stomach and bowels, all of which were perfectly empty, with the exception of about f ℥ ii in the stomach.

The circumstances connected with the foregoing case, which rendered it probable that some poison was the cause of death, were, first, previous to eating his breakfast, we are told that the man was in good health, and the sudden attack immediately after eating the beef, which he remarked was bitter. Secondly, the small quantity of food taken. Thirdly, although the foregoing report does not mention the circumstance, the rest of the beef, which the patient did not eat, (a few slices,) were thrown to a dog, and the dog, in a few moments, was seized with convulsions, and died in less than half an hour. And lastly, the violence and character of the symptoms.

These circumstances excited the suspicions of his physicians. A post-mortem examination was made, the stomach carefully removed; and two days after the death of the patient, with the assistance of Drs. John and William Carter, I examined, first, the contents of the stomach, and then the stomach itself. The poison, supposed to have been used, was strychnia, the man and dog both having died with the symptoms of poisoning with this substance.

But although all the known tests for strychnia were carefully used, and the whole process repeated several times, no trace of this substance could be detected. And yet it is not only possible but probable that this very poison, administered on the beef, was the cause of death; for it is a well established fact, that under the most favorable circumstances it is one of the most difficult of detection of all the poisons generally used for criminal purposes, and one in regard to which mistakes are liable to occur, on account of the uncertainty of its reactions, especially when mixed with food and other substances.

In the very recent case of Miss Phar, Prof. Gillam first believed he had discovered traces of this substance, and afterwards believed he was mistaken.

See also a case reported by Taylor, where strychnia was mixed with guaiacum.

In the case under consideration, there were many circumstances calculated to prevent the detection of this agent:

First, the patient was repeatedly vomited and largely purged; secondly, if any portion of the poison had remained in the stomach, besides the food, it would possibly have been mingled with the following substances which his physicians informed me were administered to him during his sickness: Mustard, ipecac., tartar, milk, lime water, calomel, jalap, opium and camphor.

Any one at all familiar with the difficulty of detecting vegetable poisons, will at once see the improbability of detecting strychnia under these circumstances, which would have presented scarcely any impediment to the detection of most of the mineral poisons commonly used.

Unfortunately, the stomach of the dog was not preserved. Here, it would probably have been detected, he having taken such a large quantity, and not having been vomited or purged, or having the poison mingled with many other ingredients.

L.

Obstetrical Case.

BY DR. B.

Mrs. ———, a corpulent lady, aged 30, the mother of two children, became again pregnant, about eight months after the birth of the second child. She quickened about the 20th of June, and continued to feel the movements of the fœtus feebly, until the 1st of August. Up to this time, particularly for the last week, she suffered much inconvenience from œdema gravidarum, but which now began to disappear.

On the 7th, she had severe pains, which continued with less frequency for several days, and gradually wore off. For two days during the pains she had severe rigors, which lasted sometimes for an hour or longer. On examination, the os uteri was found closed and the cervix tubulated.

On the 9th, she commenced complaining of severe burning pains of the palms of the hands and soles of the feet. The palm surface of the hands became much swelled, and of a purplish spotted appearance. The pain and burning were intense, preventing sleep and producing a good deal of general excitement, continuing until the fifth day, and then gradually subsiding.

On the 21st, she was again seized with labor pains, and in an hour gave birth to a dead fœtus of between five and six months, in which the putrefactive process had commenced. The placenta came away without difficulty or hœmorrhage.

The fœtus in this case had evidently been dead for three weeks previous to delivery; but that which appears remarkable, is the existence of the peculiar inflammation of the hands, which was present not only in this case, but came on the third day after the birth of each of her other children. Remedies, whether cold or warm, have but little influence in subduing or even moderating its intensity. About the fifth day it arrives at its highest point, and in four more, entirely disappears.

The good effect of this inflammation, in preventing that of the uterus, or of relieving it by its derivative action if it exists, is evident; but that it should uniformly so occur, is to me remarkable. If, however, it is usual with the older members of the profession, perhaps they can give the remedy for its relief. This lady describes it as being more intolerant than labor itself.

The treatment in this case consisted in a couple of bleedings, regulating the bowels, and occasionally an opiate to produce rest. Although satisfied, from the cessation of the movements of the child, the subsidence of the anasarcous swelling, and the condition of the hands, of the death of the child, I thought it most prudent to await patiently the dilatation of the os uteri, rather than force the delivery. She is now doing well. B.

August 22, 1854.

Medical Education, the Medical Schools and the American Medical Association.

In our miscellaneous department will be found the editorials of two of our respected cotemporaries, viz: the St. Louis Medical and Surgical Journal, and the American Medical Monthly, on these important topics.

As at least one of these papers seems to have been called forth by the strictures of our issue on the action and agency of the schools of medicine, in defeating and thwarting the salutary reforms recommended by the association, we present these articles entire, that the reader may have the fairest opportunity audire alteram partem.

We presume that these journals, conducted as they are by twelve professors, in three medical colleges, will be regarded as fair exponents and representatives of their confreres in the teaching interest, and that the reasons they give, and the excuses offered for having defeated the beneficent designs of the association, the best which the nature of the case admits.

It will be at once perceived, that both these journals labor to throw the responsibility, of the association's failure to accomplish the prime objects of its organization, upon other shoulders.

The profession generally, and especially private preceptors of pupils, are made the scapegoats of this sin, "obviously because the profession has failed to insist on and enforce its own recommendations."

We propose to consider the grounds on which this charge is based, and this responsibility shifted. Let us see if the reasons given by our cotemporaries, to account for the failure of the association in accomplishing all "it could and ought to have done" towards remedying "the defects of our educational system," will stand the test of examination and logical analysis. We enter the discussion, with no love for crimination or recrimination; no desire to see blame RESTING anywhere. But the locality of a disease must be discovered, before its nature and effects are appreciated, and appropriate remedies successfully applied.

But to understand the force and drift of the argument, we will first make a statement of the case. The association was formed in 1847. The whole tenor of its records, as well as of the two national conventions which preceded it, will show that the inadequacy of our courses of medical instruction to the present scope and demands of the science, and the abuses which have crept into that defective system, were deemed subjects of paramount importance and absorbing interest. After the perfection of the organization, these subjects took precedence of all others. Committees were appointed, invested with the duty of compassing the whole subject, and presenting matter for the action of the body. As the result

of their labors, we find reports presented, and the following resolutions adopted, at the 1st annual meeting, in 1848, and several times subsequently reiterated:

"Resolved, 1st. That it be recommended to all the colleges to extend the period employed in lecturing from four to six months.

2d. That no student shall become a candidate for the degree of M. D. unless he shall have devoted three entire years to the study of medicine, including the time allotted to attendance upon lectures.

3d. That the candidate shall have attended two full courses of lectures; that he shall be twenty-one years of age, and in all cases shall produce the certificate of his preceptor to prove when he commenced his studies.

4th. That the certificate of no preceptor shall be received, who is avowedly and notoriously an irregular practitioner, whether he shall possess the degree of M. D. or not.

5th. That the several branches of medical education, already named in the body of this report, be taught in all the colleges, and that the number of professors be increased to seven.

6th. That it be required of candidates that they shall *have* STEADILY *devoted three months to dissections.*

7th. That it be incumbent upon preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils, and upon medical colleges to require candidates for graduation to show that they have attended upon hospital practice for one session, whenever it can be accomplished, for the advancement of the same; and

8th. That it be suggested to the faculties of the various medical institutions of the country, to adopt some efficient means for ascertaining that their students are actually in attendance upon their lectures.

9th. That it be incumbent upon all schools and colleges granting diplomas, fully to carry out the above requisitions.

10th. That it be considered the duty of preceptors to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained.

Resolved, that this association recommend to the faculty of each medical school to conduct the final examination of candidates for the diploma, in the presence of some official person or persons, properly qualified to recognize the attainments of the candidate, but who has no pecuniary interest in the institution, or in the number of its pupils.

Resolved, that it be also recommended, that in lieu of the usual inaugural thesis, or in addition thereto, each candidate for the diploma be required to present to the faculty, at or before the time of final examination, a report, drawn up by himself, and from his personal observation, of not fewer than five cases of disease, and upon which he shall be duly examined."

The committee on preliminary education also made their report, and the association adopted the following resolutions:

1st. "It earnestly recommends to members of the medical profession throughout the United States, to satisfy themselves, either by personal enquiry or written certificate of competent persons, before receiving young men into their offices as students, that they are of good moral character, and that they have acquired a good English education, a knowledge of natural philosophy and the elementary mathematical sciences, including geometry and algebra—and such an acquaintance at least with the Latin and Greek languages as will enable them to appreciate the technicalities of medicine, and read and write prescriptions.

2d. It recommends to the medical profession of the United States, when they have satisfied themselves that a young man professes the qualifications specified in the preceding resolution, to give him a written certificate, stating that fact, and recording also the date of his admission as a medical student, to be carried with him as a warrant for his reception into the medical college in which he may intend to pursue his studies.

3d. Resolved, that all the medical colleges be and hereby are recommended and requested to require such a certificate of every student of medicine, applying for matriculation, and when publishing the annual list of graduates, to accompany

the name of the graduate with the name and residence of the preceptor—the name of the latter being clearly and distinctly presented, as certifying to the qualification of preliminary education."

We copy these recommendations, not simply for the purpose of the present agument, but because some of our readers, who do not get the Transactions of the Association, have never seen them—they are each of them worthy of being made the text of a separate article. They are the results of the elaborate investigation of able committees, and come to us clothed with all the weight and authority of our highest medical judicatory. They point out the nature of the evils as well as the appropriate remedies—being reasonable and moderate in their requirements, as well as conciliatory in their tone and temper. We have not the space to comment on them in detail, but the first recommendation, that which proposes a prolongation of the lecture terms, must strike every honest and intelligent mind as essential to any substantial improvement. Four months, with the miserable system of six lectures daily, is too short a term for even the elementary branches—too short for justice to the subjects, the pupil, or the lecturer. Within its limits, these are necessarily mutilated, and any attempt to crowd in additional matter is but increasing the evil; and until the lecture terms are prolonged, all hope of a profitable amplification of the courses of instruction is vain and absurd.

It will now be received as an axiom, that no science can stand by itself, so mutually dependent and intimately connected are all the departments of knowledge.

The laws of the inorganic world are the handmaids to the discovery of those subtler mysteries regulating the movements of the vital organism.

If there is any one cause, which more than all others has contributed to the degradation of medicine in this country, it is our hurried, imperfect system of instruction. The student has scarcely time to catch a glimpse of the field to be explored, and the public are but poorly impressed by the pretensions of a science so readily attained.

The American Medical Association placed this recommendation at the head of the list, thus indicating its priority in point of importance.

We believe that no unprejudiced, intelligent mind can read these recommendations, without yielding assent to the importance and reasonableness of their requisitions.

But it is perfectly well known, that they have been utterly disregarded; and what now interests us, is to ascertain upon whom devolves the responsibility of having defeated three salutary reforms.

Promptly, after the action of the association upon these subjects, the two oldest institutions in the United States signified their acquiescence, and advertised a prolongation of the terms of instruction, preparatory to the full introduction of all needed reforms.

But it is perfectly obvious, that two institutions, however venerable in years—the one located in Philadelphia and the other in New York—could not affect a reformation in medical education all over the United States, especially when thirty-odd other medical colleges were resisting these reforms, and underbidding in the standards of requirement for the doctorate.

The reforms sought to be enacted by the association could only be effected by general co-operation amongst the schools; and it will not do for the apologists of the recusant schools to point to the failure of the old University of Pa., and the College of Physicians and Surgeons of New York, in effecting these great reforms, as proof that the recommendations were in themselves unwise or impracticable in their nature.

If the commander of an army orders his forces to storm a fortification, and all but two regiments should retreat in an opposite direction, it would argue a degree of hardihood, bordering on impudence, in the latter to point to the mangled corpses of those who had gloriously fallen in discharge of duty, as proof that the orders of the commander were unwise.

It will not do to say that the schools refused to come up to their duty, because private preceptors failed to come fully up to the requirements made of them. This is but an apologetic

after thought. The two venerable institutions mentioned, at once cordially adopted the recommendations of the association, and other institutions failed or refused to do so, even before it was known what action private members of the profession would take.

The chief onus of medical teaching must and ever will rest with the schools. They grant degrees and recruit the ranks of the profession. They wear the honors, and enjoy the emoluments of the assumed superiority which is attached to their position, over private members of the profession.

Before the tribunal of an enlightened public, and in the forum of conscience, they cannot escape the responsibilities of their positions.

The plea that private preceptors have failed to discharge their duty, on the score of preliminary education, cannot avail, as a justifiable excuse, for institutions, which have obstinately refused to enact such amplification and prolongation of the terms of study, as the present state of medical science confessedly demands.

That board cannot be held guiltless, that commissions and entrusts a noble bark, freighted with human life, encountering all the dangers and tempests of our mortal state, to an incompetent person, on the plea that his early preliminary education had been the occasion of his incompetency.

If our system of medical education is based upon the presumption, that the rudimentary branches and the chief burden of medical attainment and study are to be encountered in the office of the private preceptor, the presumption is a violent one, and a half century of experience ought to satisfy every one of its violence.

Private preceptors have not the facilities for the demonstrative branches; and judging from the tone often assumed by professorial worthies, but few have the requisite capacity to give such preparation to the pupil as will secure profitable results, from the hurried and superficial skimming of four months' courses.

But we think we have argued these points sufficiently far

to show, that our medical schools have not come up to their duty on the vital question of medical education, and that the derelictions of private preceptors may be pleaded as plausible apologies, but not justifiable causes, for the default of the schools. Our apologists are striking illustrations of their own homily about "poor human nature seeking to lay the burden of their sins on others' shoulders."

We again invite the attention of the reader to the wholesome character, the conservative tendency and salutary checks of the association's recommendations. They have received the reiterated sanction of a medical body, composed of delegates from every state in the Union, and consequently are the most authoritative exponents of the general professional sentiment on the subject.

But our cotemporaries remind us, that the national association has failed to enforce its recommendation. Indeed, it has no power to do it, save that which results from the patronage which may be bestowed by its individual members. But to the exercise of this power, there is a serious drawback. The student may go to the cities, with letters of introduction to the professors of that school in which his preceptor advises him to prosecute his studies. But alas! he is inexperienced, and has to run the gauntlet of systematized drumming. He meets with a class of gentry at his hotel, ever solicitous for the interest of young students—the cicerones of novelties—as obliging as pimps. He is overwhelmed with disinterested and flattering attentions, and thus transferred to the tuition of another set of professorial dignitaries. Have we overdrawn the picture? It is humiliating enough.

Our own pupils have been treated in this manner. How often will it have its counterpart in reality within the next twenty days? How much of downright trickery and meanness might be avoided, if the common standards recommended by the association were cordially embraced and honestly enforced.

The fact that the association is unable to enforce its recommendations, places an additional obligation upon the parties possessing the power to be faithful.

We need not be reminded that we do not live in a "government regulated by arbitrary power to enforce any educational requirement, however rigid," for the American Medical Association did not address its recommendations to the civil power, or seek to institute its reforms by governmental agency.

The injunction that we should "abandon the impracticable idea of endeavoring to engraft European customs on American institutions," may suit the arena of politics, and catch the popular ear, but the association did not attempt this; and the smallest scintilla of such an effort cannot be detected in its recommendations.

Surely our respected cotemporary of St. Louis will not insist that thorough systems of education should be discountenanced here, because they are in vogue in Europe.

But our cotemporaries inform us, "that the standard of requirement for the degree of M. D. is far higher now than it was formerly." We would be glad to believe that there had been any general improvement; but despite the risk of being called "professional croakers and faultfinders," we must express our firm conviction, that at no former period could the doctorate be more easily attained than the present.

If the editors of the St. Louis Journal will take the trouble to contrast the present advertised requirements, contained in the prospectus of schools, with the reports of the condition and regulations of nineteen of these institutions, made to the association in 1848, they will find that no more is required now than was professedly rigidly enforced at that period.

Our article has already grown to much greater length than we designed, but we cannot forbear a notice of the following paragraph from the journal above quoted.

"Indeed, so manifest has been the improvement, that we are of opinion, that if many of those who are loudest in denunciation of the schools, and most clamorous for reform, had themselves to undergo a second examination, they would find it exceedingly difficult if not impossible to stand the ordeal."

This may all be true, without weakening the force of our arguments, or the legitimacy of our humble protest against

a defective system of medical education. Conscious deficiencies, chargeable in some degree to defective educational training, may give earnestness to the efforts of private members of the profession in the cause of reform. It may be that students are better taught now, and the portals of the profession more faithfully guarded, than they were twenty years ago; but other evidences than the bald declaration of professors will be required to substantiate these facts.

The insinuation, that the advocates of reform are incapable of appreciating the demands of medical science, being even inferior in point of attainments to the pupils of our modern professors, has often leaked out in the discussion of these questions. If medical professors in America were appointed by boards of medical men, under such a system as the French concours, calling forth generous rivalry, and applying the severest test of qualification, then we would admit that the position of professor would carry with it the prestige of well accredited superiority. But as long as these positions are attained by chance or fortune or family, and conferred by politicians and lawyers, and clergymen and farmers, such claims will receive but little respect. Professors may be better drilled and more flippant in the stereotyped questions and answers—more conversant with the primers and catechisms, and all the expedients resorted to in the modern process of manufacturing doctors; but we deny that their position necessarily implies any superiority, in solid attainment and earnest devotion to the best interests of medicine, over the private members of the profession, scattered through the length and breadth of the land.

But we are glad to see that some medical journals are at last disposed to discuss in their pages the questions of medical reform in medical education. This is the most promising symptom of improvement which we have seen—we have long been surprised at the silence of the medical press on the particular measures of reform which have received the sanction of the American Medical Association. A thorough discussion of these questions might arouse both public and private teach-

ers to a more faithful discharge of duty. The powerful engine of the press should be brought to bear.

It is to be regretted, "that this commanding theme of professional thoughtfulness has not been to any great extent agitated in our medical journals; and the omission can only be accounted for by the fact, "that medical journals in this country are in many instances established by gentlemen connected with medical schools, and for the purpose mainly of sustaining these latter."

Cartwright on the Diseases and Physical Peculiarities of the Negro Race.

Negro Consumption.

Negro consumption is a disease almost unknown to medical men of the northern states and Europe. A few southern physicians have acquired some valuable information concerning it, from personal experience and observation; but this knowledge is scattered in fragments about, and has never been condensed in a form to make it of much practical utility. It is hoped that Dr. Fenner's Southern Reports will collect the experience of our physicians, and make that experience more available than it has heretofore been. Some physicians, looking upon negro consumption through northern books, suppose it to be a variety of phthisis pulmonalis, but it has no form or resemblance of the phthisis of the white race, except in the emaciation, or when it is complicated with the relics of pneumonia, or a badly-cured pleurisy. Others regard it as a dyspepsia, or some disease of the liver or stomach; the French call it *mal d' estomac*. But dyspepsia is not a disease of the negro; it is, *par excellence*, a disease of the Anglo-Saxon race; I have never seen a well-marked case of dyspepsia among the blacks. It is a disease that selects its victims from the most intellectual of mankind, passing by the ignorant and unreflecting.

The popular opinion is, that negro consumption is caused by *dirt-eating*. The eating of dirt is not the cause, but only one of the effects—a mere symptom, which may or may not attend it. As in pica, there is often a depraved appetite for substances not nutritious, as earth, chalk lime, etc.; but oftener,

as in malacia, a depraved appetite for nutritious substances to a greater degree, and for non-nutritious. In negro consumption, the patients are generally hearty eaters of all kinds of food; but there are exceptions.

The disease may be detected, at a very early stage of its existence, by the pale, whitish color of the mucous membrane lining the gums and the inside of the mouth, lips and cheeks: so white are the mucous surfaces, that some overseers call it the paper-gum disease. It can be detected, however, in its incipient state, by making the patient ascend a flight of stairs: the pulse will be accelerated from eighty or ninety beats, to an hundred and thirty or forty. All kinds of active exercise will greatly accelerate the pulse, that of walking up hill or up stairs more than any other. The skin is ashy, pale and dry; the veins of the head are distended, and show more than in health; occasionally during the day, there is some heat of the skin, and febrile excitement; the blood is poor, pale and thin, in the advanced stages, containing very few red globules, but the pathognomonic symptoms of the complaint are the acceleration of the pulse on exercise, and the whiteness of the lining membrane of the cheeks, lips and gums; the lining membrane of the eye-lids is also pale and whitish. It is of importance to know the pathognomonic signs in its early stages, not only in regard to its treatment, but to detect impositions, as negroes afflicted with the complaint are often for sale; the acceleration of the pulse on exercise incapacitates them for labor, as they quickly give out and have to leave their work. This induces their owners to sell them, although they may not know the cause of their inability to labor. Many of the negroes brought south for sale are in the incipient state of the disease; they are found to be inefficient laborers, and are sold in consequence thereof.

In order to be able to prevent or cure any malady, it is necessary to know its cause, and its seat. The seat of negro consumption is not in the lungs, stomach, liver or any organ of the body, but in the mind, and its cause is generally mismanagement or bad government on the part of the master, and superstition on the part of the negro. The patients themselves believe that they are poisoned; they are right, but it is not the body, but the mind that is poisoned. Negroes are very jealous and suspicious; hence, if they are slighted or imposed on in any way, or overtasked, or do not get what they call their rights, they are apt to fall into a morbid state of mind, with sulkiness and dissatisfaction very plainly depicted in their countenances. It is bad government to let them remain in this sulky, dissatisfied mood, without enquiring into its causes,

and removing them; otherwise, its long continuance leads to the disease under consideration. They fancy, that their fellow-servants are against them, that their master or overseer cares nothing for them, or is prejudiced against them, and that some enemy on the plantation or in the neighborhood has tricked them, that is, laid poison for them to walk over, or given it to them in their food or drinks. On almost every large plantation, there are one or more negroes, who are ambitious of being considered in the character of conjurers—in order to gain influence, and to make the others fear and obey them. The influence that these pretended conjurers exercise over their fellow servants, would not be credited by persons unacquainted with the superstitious mind of the negro. Nearly all, particularly those who have passed the age of puberty, are at times kept in constant dread and terror by the conjurers. These imposters, like all other imposters, take advantage of circumstances to swell their importance, and to inculcate a belief in their miraculous powers to bring good or evil upon those they like or dislike. It may be thought that the old superstition about conjuration has passed away with the old stock of native Africans; but it is too deeply radicated in the negro intellect to pass away: intelligent negroes believe in it, who are ashamed to acknowledge it. The effect of such a superstition—a firm belief that he is poisoned or conjured—upon the patient's mind, already in a morbid state, and his health affected from hard usage, over-tasking or exposure, want of wholesome food, good clothing, warm, comfortable lodging, and the distressing idea, that he is an object of hatred or dislike, both to his master and fellow servants, and has no one to befriend him, tends directly to generate that erythism of mind, which is the essential cause of negro consumption. This erythism of mind, like the erythism of the gravid uterus in delicate females, often causes a depraved appetite for earth, chalk, lime, and such indigestible substances. The digestive passages, in both cases, become coated with acescent mucosities, or clogged with saburricious matters. Natural instinct leads such patients to absorbents, to correct the state of the stomach.

In the depraved appetite caused by pregnacy, or in young women afflicted with leuchorrhœa, true art improves upon instinct, or the natural medication of the patients themselves, by substituting magnesia, cathartics, bitters and tonics. But for the same morbid appetite in negro consumption, the natural medication, resorted to by the instinctive wants of the patient, is mistaken for the cause of the disease. It is not only earth or clay that the patients have an appetite for, like

chlorotic girls, they desire vinegar, pepper, salt and stimulants. Their skins are dry, proving want of cutaneous exhalation; very little aqueous vapor is thrown off from the lungs, owing to their inability to take exercise. Consequently, defluxions occur on the mucous coat of the digestive passages, from want of action of the skin and lungs; the mucosity, lining the intestinal canal, interrupts the absorption of chyle; the blood becomes impoverished, and the body wastes away from interstitial absorption and want of nutriment.

As far as medication is concerned, I have found a combination of tartar emetic half grain, capsicum five grains, a teaspoonful of charcoal, a tablespoonful of tincture of gum guaiacum, three times a day, a good remedy; also rubbing the whole surface of the body over with some oily substance. But these, as various other remedies, as purgatives, tonics, etc., should be assisted by removing the original cause of the dissatisfaction or trouble of mind, and by using every means to make the patient comfortable, satisfied and happy.

Drapetomania, or the Disease causing Slaves to run away.

Drapetomania is from * * * * * * a runaway slave, and * * * *mad or crazy*. It is unknown to our medical authorities, although its diagnostic symptom, the absconding from service, is well known to our planters and overseers, as it was to the ancient Greeks, who expressed by the single word * * * * * the fact of the absconding, and the relation that the fugitive held to the person he fled from. I have added to the word meaning runaway slave, another Greek term, to express the disease of the mind causing him to abscond. In noticing a disease not heretofore classed among the long list of maladies that man is subject to, it was necessary to have a new term to express it. The cause, in the most of cases, that induces the negro to run away from service, is as much a disease of the mind as any other species of mental alienation, and much more curable, as a general rule. With the advantages of proper medical advice, strictly followed, this troublesome practice that many negroes have of running away can be almost entirely prevented, although the slaves be located on the borders of a free state, within a stone's throw of the abolitionists. I was born in Virginia, east of the Blue Ridge, where negroes are numerous, and studied medicine some years in Maryland, a slave state, separated from Pennsylvania, a free state, by Mason & Dixon's line—a mere air line, without wall or guard. I long ago observed that some persons, considered as very good, and others as very bad masters, often

lost their negroes by their absconding from service; while the slaves of another class of persons, remarkable for order and good discipline, but not praised or blamed as either good or bad masters, never ran away, although no guard or forcible means were used to prevent them. The same management which prevented them from walking over a mere nominal, unguarded line, will prevent them from running away anywhere.

To ascertain the true method of governing negroes, so as to cure and prevent the disease under consideration, we must go back to the Pentateuch, and learn the true meaning of the untranslated term that represents the negro race. In the name there given to that race is locked up the true art of governing negroes in such a manner that they cannot run away. The correct translation of that term declares the Creator's will in regard to the negro; it declares him to be the submissive knee-bender. In the anatomical conformation of his knees, we see '*genu flexit*' written in the physical structure of his knees, being more flexed or bent, than any other kind of a man. If the white man attempts to oppose the Deity's will, by trying to make the negro anything else than '*the submissive knee bender*,' (which the Almighty declared he should be,) by trying to raise him to a level with himself, or by putting himself on an equality with the negro; or if he abuses the power which God has given him over his fellow man, by being cruel to him or punishing him in anger, or by neglecting to protect him from the wanton abuses of his fellow servants and all others, or by denying him the usual comforts and necessaries of life, the negro will run away; but if he keeps him in the position that we learn from the scriptures he was intended to occupy, that is, the position of submission, and if his master or overseer be kind and gracious in his bearing towards him without condescension, and at the same time ministers to his physical wants and protects him from abuses, the negro is spell-bound, and cannot run away. '*He shall serve Japheth;* he shall be his servant of servants;' on the condition above mentioned—conditions that are clearly implied, though not directly expressed. According to my experience, the "genu flexit"—the awe and reverence, must be exacted from them, or they will despise their masters, become rude and ungovernable, and run away. On Mason & Dixon's line, two classes of persons were apt to lose their negroes; those who made themselves too familiar with them, treating them as equals, and making little or no distinction in regard to color; and, on the other hand, those who treated them cruelly, denied them the common necessaries of life,

neglected to protect them against the abuses of others, or frightened them by a blustering manner of approach, when about to punish them for misdemeanors. Before negroes run away, unless they are frightened or panic-struck, they become sulky and dissatisfied. The cause of this sulkiness and dissatisfaction should be enquired into and removed, or they are apt to run away or fall into the negro consumption. When sulky and dissatisfied without cause, the experience of those on the line and elsewhere was decidedly in favor of whipping them out of it as a preventive measure against absconding or other bad conduct. It was called whipping the devil out of them.

If treated kindly, well fed and clothed, with fuel enough to keep a small fire burning all night, separated into families, each family having its own house—not permitted to run about at night; or to visit, or to use intoxicating liquors, and not overworked or exposed too much to the weather, they are very easily governed—more so than any other people in the world. When all this is done, if any one or more of them at any time, are inclined to raise their heads to a level with their master or overseer, humanity and their own good require that they should be punished until they fall into that submissive state which it was intended for them to occupy in all after time, when their progenitor received the name of Canaan, or "submissive knee-bender." They have only to be kept in that state, and treated like children, with care, kindness, attention and humanity, to prevent and cure them from running away.

Dysæsthesia Æthiopis, or Hebetude of Mind and Obtuse Sensibility of Body—A Disease Peculiar to Negroes, called by Overseers, "Rascality."

Dysæsthesia Æthiopis is a disease peculiar to negroes, affecting both mind and body, in a manner as well expressed by dysæsthesia, the name I have given it, as could be by a single term. There is both mind and sensibility, but both seem to be difficult to reach by impressions without. There is partial insensibility of the skin, and so great a hebetude of the intellectual faculties as to be like a person half asleep, that is with difficulty aroused and kept awake. It differs from every other species of mental disease, as it is accompanied with physical signs of lesions of the body, discoverable to the medical observer, which are always present and sufficient to account for the symptoms. It is much more prevalent among free negroes living in clusters by themselves, than

among slaves on our plantations, and attacks only such slaves as live like free negroes in regard to diet, drinks, exercise, etc. It is not my purpose to treat of the complaint as it prevails among free negroes, nearly all of whom are more or less afflicted with it, that have not got some white person to direct and to take care of them. To narrate its symptoms and effects among them would be to write a history of the ruins and dilapidation of Hayti and every spot of earth they have ever had uncontrolled possession over for any length of time. I propose only to describe its symptoms among slaves.

From the careless movements of the individuals affected with the complaint, they are apt to do much mischief, which appears as if intentional, but is mostly owing to the stupidness of mind and insensibility of the nerves induced by the disease. Thus, they break, waste and destroy everything they handle—abuse horses and cattle—tear, burn or rend their own clothing, and paying no attention to the rights of property, they steal others to replace what they have destroyed. They wander about at night, and keep in a half nodding sleep during the day. They slight their work—cut up corn, cane, cotton or tobacco when hoeing it as if for pure mischief. They raise disturbances with their overseers and fellow servants without cause or motive, and seem to be insensible to pain when subjected to punishment. The fact of the existence of such a complaint, making man like an automaton or senseless machine, having the above or similar symptom, can be clearly established by the most direct and positive testimony. That it should have escaped the attention of the medical profession, can only be accounted for because its attention has not been sufficiently directed to the maladies of the negro race. Otherwise, a complaint of so common occurrence on badly governed plantations, and so universal among free negroes, or those who are not governed at all—a disease radicated in physical lesions and having its peculiar and well marked symptoms, and its curative indications, would not have escaped the notice of the profession. The northern physicians and people have noticed the symptoms, but not the disease from which they spring. They ignorantly attribute the symptoms to the debasing influence of slavery on the mind, without considering that those who have never been in slavery, or their fathers before them, are the most afflicted, and the latest from the slave-holding south the least. The disease is the natural offspring of negro liberty—the liberty to be idle, to wallow in filth, and to indulge in improper food and drinks.

In treating of the anatomy and physiology of the negro, I showed that his respiratory system was under the same physio-

logical laws as that of an infant child of the white race; that a warm atmosphere, loaded with carbonic acid and aqueous vapor, was the most congenial to his lungs during sleep, as it is to the infant; that, to insure the respiration of such an atmosphere, he invariably, as if moved by instinct, shrouds his head and face in a blanket or some other covering, when disposing himself to sleep; that if sleeping by the fire in cold weather, he turns his head to it, instead of his feet, evidently to inhale warm air; that when not in active exercise, he always hovers over a fire in comparatively warm weather, as if he took a positive pleasure in inhaling hot air and smoke when his body is quiescent. The natural effect of this practice, it was shown, causes imperfect atmospherization or vitalization of the blood in the lungs, as occurs in infancy, and a hebetude or torpor of intellect—from blood not sufficiently vitalized being distributed to the brain; also, a slothfulness, torpor and disinclination to exercise, from the same cause—the want of blood sufficiently areated or vitalized in the circulating system. When left to himself, the negro indulges in his natural disposition to idleness and sloth, and does not take exercise enough to expand his lungs and to vitalize his blood, but dozes out a miserable existence in the midst of filth and uncleanliness, being too indolent and having too little energy of mind to provide for himself proper food and comfortable lodging and clothing. The consequence is that the blood becomes so highly carbonized and deprived of oxygen, that it becomes unfit to stimulate the nerves of sensation distributed through the body. A torpor and insensibility pervades the system; the sentient nerves distributed to the skin lose their feeling to so great a degree, that he often burns his skin by the fire he hovers over, without knowing it, and frequently has large holes in his clothes, and the shoes on his feet burnt to a crisp, without having been conscious of when it was done. This is the disease called dysæsthesia—a Greek term expressing the dull or obtuse sensation that always attends the complaint. When aroused from his sloth by the stimulus of hunger, he takes anything he can lay his hands on, and tramples on the rights, as well as on the property of others, with perfect indifference as to consequences. When driven to labor by the compulsive power of the white man, he performs the task assigned him in a headlong, careless manner, treading down with his feet, or cutting with his hoe the plants he is put to cultivate—breaking the tools he works with, and spoiling everything he touches that can be injured by careless handling. Hence the overseers call it "rascality," supposing that the mischief is intentionally done. But there is no premeditated

mischief, or is he to be aroused by the angry passions to deeds of daring. Dysæsthesia, or hebetude of sensation of both mind and body, prevails to so great an extent, that when the unfortunate individual is subjected to punishment, he neither feels pain of any consequence, or shows any unusual resentment more than by a stupid sulkiness. In some cases, anæsthesia would be a more suitable name for it, as there appears to be an almost loss of feeling. The term "rascality," given to this disease by overseers, is founded on an erroneous hypothesis and leads to an incorrect empirical treatment which seldom or ever cures it.

The complaint is easily curable, if treated on sound physiological principles. The skin is dry, thick and harsh to the touch, and the liver inactive. The liver, skin and kidneys should be stimulated to activity, and be made to assist in decarbonizing the blood. The best means to stimulate the skin is, first, to have the patient well washed with warm water and soap; then, to anoint it all over with oil and to slap the oil in with a broad leather strap; then to put the patient to some hard kind of work in the open air and sunshine, that will compel him to expand his lungs, as chopping wood, splitting rails or sawing with a cross-cut or whip saw. Any kind of labor will do that will cause full and free respiration in its performance, as lifting or carrying heavy weights, or brisk walking; the object being to expand the lungs by full and deep inspirations and expirations, thereby to vitalize the impure circulating blood by introducing oxygen and expelling carbon. This treatment should not be continued too long at a time, because where the circulating fluids are so impure as in this complaint, patients cannot stand protracted exercise without resting frequently and drinking freely of cold water or some cooling beverage, as lemonade, or alternated with pepper tea, sweetened with molasses. In bad cases, the blood has always the appearance of blood in scurvy, and commonly there is a scorbutic affection to be seen on the gums. After resting until the palpitation of the heart caused by the exercise is allayed, the patient should eat some good wholesome food, well seasoned with spice and mixed with vegetables, as turnip or mustard salad, with vinegar. After a moderate meal, he should resume his work again, resting at intervals, and taking refreshments and supporting the perspiration by partaking freely of liquids. At night he should be lodged in a warm room with a small fire in it, and should have a clean bed, with sufficient blanket covering, and be washed clean before going to bed: in the morning oiled, slapped and put to work as before. Such treatment will, in

a short time, effect a cure in cases which are not complicated with chronic visceral derangements. The effect of this or a like course of treatment is often like enchantment. No sooner does the blood feel the vivifying influence derived from its full and perfect atmospherization by exercise in the open air and in the sun, than the negro seems to be awakened to a new existence, and to look grateful and thankful to the white man whose compulsory power, by making him inhale vital air, has restored his sensation and dispelled the mist that clouded his intellect. His intelligence restored and his sensations awakened, he is no longer the *pipedum nequissimus* or arrant rascal he was supposed to be, but a good negro that can hoe or plow, and handle things with as much care as his other fellow-servants.

Contrary to the received opinion, a northern climate is the most favorable to the intellectual developement of negroes, those of Missouri, Kentucky, and the colder parts of Virginia and Maryland, having much more mental energy, more bold and ungovernable than in the southern low lands; a dense atmosphere causing a better vitalization of their blood.

Although idleness is the most prolific cause of dysæsthesia, yet there are other ways that the blood gets deteriorated. I said before that negroes are like children, requiring government in everything. If not governed in their diet, they are apt to eat too much salt meat and not enough bread and vegetables, which practice generates a scorbutic state of the fluids and leads to the affection under consideration. This form of the complaint always shows itself in the gums, which becomes spongy and dark, and leave the teeth. Uncleanliness of skin and torpid liver also tend to produce it. A scurvy set of negroes means the same thing, in the south, as a disorderly, worthless set. That the blood, when rendered impure and carbonaceous from any cause, as from idleness, filthy habits, unwholesome food or alcoholic drinks, affects the mind, is not only known to physicians, but was known to the Bard of Avon when he penned the lines—"We are not ourselves when nature, being oppressed, commands the mind to suffer with the body."

According to unalterable physiological laws, negroes, as a general rule, to which there are but few exceptions, can only have their intellectual faculties awakened in a sufficient degree to receive moral culture, and to profit by religious or other instruction, when under the compulsory authority of the white man; because, as a general rule, to which there are but few exceptions, they will not take sufficient exercise, when removed from the white man's authority, to vitalize and

decarbonize their blood by process of full and free respiration, that active exercise of some kind alone can effect. A northern climate remedies, in a considerable degree, their naturally indolent disposition; but the dense atmosphere of Boston or Canada can scarcely produce sufficient hematosis and vigor of mind to induce them to labor. From their natural indolence, unless under the stimulus of compulsion, they doze away their lives with the capacity of their lungs for atmospheric air only half expended, from the want of exercise to superinduce full and deep respiration. The inevitable effect is, to prevent a sufficient atmospherization or vitalization of the blood, so essential to the expansion and the freedom of action of the intellectual faculties. The black blood distributed to the brain, chains the mind to ignorance, superstition and barbarism, and bolts the door against civilization, moral culture and religious truth. The compulsory power of the white man, by making the slothful negro take active exercise, puts into active play the lungs, and by that means opens the door to intellectual improvement. The very exercise so beneficial to the negro, is expended in cultivating those burning fields in cotton, sugar, rice and tobacco, which, but for his labor, would, from the heat of the climate, go uncultivated, and their products lost to the world. Both parties are benefited—the negro as well as his master—even more. But there is a third party benefited—the world at large. The three millions of bales of cotton made by negro labor afford a cheap clothing for the civilized world. The laboring classes of all mankind, having less to pay for clothing, have more money to spend in educating their children, and in intellectual, moral and religious progress.

The wisdom, mercy and justice of the decree, that Canaan shall serve Japheth, is proved by the disease we have been considering, because it proves that his physical organization, and the laws of his nature, are in perfect unison with slavery, and in entire discordance with liberty—a discordance so great as to produce the loathsome disease that locks up the understanding, blunt the sensations and chains the mind to superstition, ignorance and barbarism. Slaves are not subject to this disease, unless they are permitted to live like free negroes, in idleness and filth; to eat improper food, or to indulge in spirituous liquors. It is not their masters' interest that they should do so; as they would not only be unprofitable, but as great a nuisance to the south, as the free negroes were found to be in London, whom the British government, more than half a century ago, colonized in Sierra Leone to get out of the way. The mad fanaticism that British writers, lecturers

and emissaries, and the East India company, planted in our northern states, after it was found by well-tried experiments, that free negroes in England, in Canada, in Sierra Leone and elsewhere, were perfect nuisances, and would not work as free laborers but would retrograde to barbarism, was not planted there in opposition to British policy. Whatever was the motive of Great Britain in sowing the whirlwind in our northern states, it is now threatening the disruption of a mighty empire of the happiest, most progressive and christian people, that ever inhabited the earth—and the only empire on the wide earth that England dreads as a rival, either in arts or in arms.

Our Declaration of Independance, which was drawn up at a time when negroes were scarcely considered as human beings, "*That all men are by nature free and equal*," and only intended to apply to white men, is often quoted in support of the false dogma that all mankind possess the same mental, physiological and anatomical organization, and that the liberty, free institutions, and whatever else would be a blessing to one portion, would, under the same external circumstances, be to all, without regard to any original or internal differences, inherent in the organization. Although England preaches the doctrine, she practices in opposition to it everywhere. Instance her treatment of the Gypsies in England, the Hindoos in India, the Hottentots at her Cape Colony, and the aboriginal inhabitants of New Holland. The dysæsthesia æthiopis adds another to the many ten thousand evidences of the fallacy of the dogma that abolitionism is built on, for here, in a country where two races of men dwell together, both on the same soil, breathing the same air, and surrounded by the same external agents—liberty, which is elevating the one race of people above all nations, sinks the other into beastly sloth and torpidity; and the slavery, which the one would prefer death rather than endure, improves the other in body, mind and morals; thus proving the dogma false, and establishing the truth that there is a radical, internal, or physical difference between the two races, so great in kind, as to make what is wholesome and beneficial for the white man—liberty, republican or free institutions, etc.—not only unsuitable to the negro race, but actually poisonous to its happiness.

Georgia Blister and Critic.

Medical Schools v. the American Medical Association.

We are glad to see that there is a disposition on the part of the medical press throughout the country to bring our National Medical Association under discussion, to point out its defects, and in some instances to suggest improvements whereby it may be rendered more useful in future.

For ourselves we have ever been the firm advocate and friend of the association. We believe that it has already accomplished much good, and that it is capable of accomplishing far more than has yet been effected. We never for a moment supposed, however, that it would revolutionize at once the whole educational system of the country, and are therefore neither disappointed nor discouraged, but in our humble way are disposed to do all in our power to render the association more efficient for good than it has hitherto been.

In proof of the assertion that much good to the profession has already resulted from the action of the association, it is only necessary to refer to the fact that since its organization there has been a steady improvement in the character and standing of the medical profession of the United States. This improvement, too, has been brought about in a great measure by a corresponding improvement in the medical schools of the country. Let any one who chooses examine into the matter, and he will find that the standard of requirements for the degree of M. D. is far higher now than it was formerly; that the number of branches taught in our medical colleges have been increased; that more attention is paid to the preliminary education of students, and that a degree of importance is now attached to clinical instruction which was not heretofore even thought of. In short, the standard of medical education, and consequently the character of the medical profession of the country has been greatly elevated. This we maintain to be true, in spite of all that professional croakers and fault finders may say to the contrary. Indeed, so manifest has been the improvement, that we are of the opinion, that if many of those who are loudest in their denunciations of the schools, and most clamorous for reform had themselves to undergo a second examination, they would find it exceedingly difficult, if not impossible to stand the ordeal.

As already stated, however, we are far from thinking that all has been done which could, or ought to have been done. We believe that there are defects in our educational system which the association by a judicious course might remedy.

But the question naturally arises, why has the association

failed to accomplish all that was expected, or could have been desired? Some of our cotemporaries are of the opinion that the schools are alone at fault, that by their overweaning influence in the association, as well as on the profession out of the association, they have managed to keep down that spirit of reform, and of free enquiry which originally called the association into existence. Is this true? If it is, it shows a greater need for reform than we had supposed existed, and at the same time cuts off all hope of amendment by or through the profession itself.

There are in the United States some forty medical colleges, with an average of seven professors each, making in all a corps of two hundred and eighty professors. Now if these two hundred and eighty professors can so far overawe and control the forty thousand members of the American medical profession, as to carry things their own way, it certainly shows a want of independence on the part of the profession, which is utterly incompatible with anything like salutary reform. Again, if all the schools in the United States were represented in the association, to the full extent allowed by the constitution, they could only have eighty representatives. The records, however, show that they have never had more than one-third of this number present. But taking the full number, how we ask is it possible for eighty professors to control a body of three hundred and fifty men of equal authority, unless they willingly submit themselves to their guidance.

In a long article on this subject the editor of the Sthethoscope says, "it is perfectly obvious that the schools themselves have defeated the very object for which the association was organized." And this he thinks they have done by failing to carry out the oft repeated recommendations of the association. Some of these recommendations it is well known have been adopted, and as we think the most important, but why have they not all been carried out? Obviously, because the profession itself has failed to insist on, and enforce its own recommendations. If the profession had been true to itself, if it had been united and firm in its action, it is as clear as a demonstration that the schools would have been compelled to have come up to the full measure of their requirements whatever they might have been.

Every medical student before he enters a medical college is placed under the care of a private preceptor, which preceptor in a vast majority of cases, determines where the future course of study of his pupil shall be pursued; so that upon his good or bad opinion, the choice of an institution is made to depend. The aggregate of such cases constitute the whole

material upon which the schools have to operate. Such being the case it is manifest that the schools are directly subject to the will of the profession. It follows, therefore, as a necessary consequence that the whole responsibility of medical reform rests with the profession. That when the profession in its wisdom determines as to the standard of preliminary and professional attainments what the curiculum of study shall be, how many and in what manner the final examination for the degree shall be conducted, and will make a compliance with its wishes the condition of support, the schools will, by the very law of necessity, be compelled either to conform to the prescribed standard, or else to close their doors.

But what has been the verdict of the profession in reference to these very recommendations. Take for example the one which the editor of the Stethoscope considers the most important of all, and which, in his opinion, lies at the very foundation of all reform, to wit: the prolongation of the lecture term from four to six months, and let facts speak for themselves.

Soon after the action of the association in reference to this matter, and in conformity to its wishes, the two oldest schools in the country, the University of Pennsylvania and the College of Physicians and Surgeons of New York, undertook to carry out these recommendations, and advertised a six months' course of lectures. In St. Louis, we at the same time increased our session to five months, and intimated a willingness to adopt the six months' term, provided it should prove to be in accordance with the wish of the profession at large. Other institutions, we believe, did the same thing. But what was the result? Let the history of the two schools in Philadelphia serve as an illustration. The University of Pennsylvania adopted the recommendation, and increased its session to six months, (we will not now stop to enquire whether this was a real or only a nominal increase) while the Jefferson Medical College stood out against the recommendation, and adhered to the four months' course. Here was an issue at once made. Now mark the result. Notwithstanding the solemn declaration of the association, "that it be considered the duty of the profession to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained," it is a notorious fact that the class of the Jefferson College, standing out, as it did in open opposition to the wishes of the association, increased more rapidly than it had ever done before, and far out numbered that of the University; and this it has continued to do ever since.

Here we see that the oldest and most renowned institution

in the country, with its mountain weight of more than sixty years reputation, backed too, by the oft repeated "recommendation" of the National Medical Association, was unable to carry out the measure, and after several years' trial, actually abandoned the six months' term as inexpedient.

The failure of this experiment, made under the most favorable circumstances, clearly proves that this recommendation of the association, at least, was not in accordance with the general wish of the profession, otherwise the university would have been sustained. What inference besides can be drawn from these facts?

Yet the editor of the Stethoscope would have us believe that the schools are the only parties at fault in this whole matter. In the article already alluded to he uses the following language: "we confess we have but little hope from this body (the association,) under the present organization and constitution. It has failed because it never has been what it purports to be, viz: a representative body from the medical profession of the United States.

It represents the colleges and their hospitals, and a small number of medical societies. The great body of the profession are not organized, and consequently have no delegates."

And why is it that the great body of the profession are not organized? Why have they not been fully represented in the association? There is only one answer that can be given to these questions, and that is, that the great body of the profession feel no interest in the objects of the association, and are profoundly indifferent to the whole subject of medical reform. The history of medical reform in this country fully establishes these facts. But are the schools to blame for this?

At the late meeting of the association held in this city, the entire state of Virginia was represented by a solitary delegate, other states had no representation at all. Yet we constantly hear complaints from those very states, which send the fewest number of delegates, that the profession is not represented in the association, that it is under the control of the schools, and managed for their special benefit. Now it does seem to us that such complaints come with exceedingly bad grace, from those who cannot make even the small sacrifice, necessary to be made, in order to be present themselves at these meetings. But it is very easy, and has even become fashionable of late to rail out against the schools, and to charge them with the assumed failure of the association. Indeed the very interest which they have manifested in carrying out the objects of the association, has been made the occasion for fault finding.

From what has been said, it is clear that the chief cause why the association has failed to answer the too sanguine expectations of many of its friends, is to be referred to the apathy and indifference of the profession itself, rather than to the course pursued by the schools. Because the great majority of private practitioners throughout the United States feel so little interest in what relates to their own improvement, as well as in the elevation of the standard of medical literature of the country, that they cannot be induced to unite in the formation of town, county, and state societies, for the purposes of mutual benefit, and in order to send delegates to the national association. Would it not then be wise for those journalists, in whom the spirit of progress seems to be specially developed, to exert their powers in endeavoring to arouse the profession at large to a sense of their duties and responsibilities, instead of lavishing all their efforts on the schools?

Another reason why so little has hitherto been accomplished, is to be found in the fact, that many of the so-called medical reformers have advocated measures, which are wholly inapplicable to the condition of things in this country. Not a few of them are young men, who having spent some time abroad, have returned home wonderfully impressed with the superior advantages of the European plan of education, and whose great desire seems to be, to have their system of medical education introduced among us. Hence we hear so much said about the establishment of a grand national university, of boards of examiners, appointed by government authority, and of legislative enactments, to regulate by pains and penalties, the practice of medicine.

We have no disposition to call in question the wisdom of the European system of education: we are willing to admit that abstractly considered, it is in many respects superior to our own. This is not the point at issue. The simple question is, can such a system as theirs ever be carried out in this country? We have no hesitation in saying that it cannot. It is easy in a monarchical government where everything is regulated by arbitrary power to enforce any educational requirements, however rigid. But such is not the case in this country. The policy of our government is such that it does not, and will not interfere in matters of this kind. The state no more prescribes what amount of knowledge a student shall possess before he is permitted to enter upon the practice of one of the learned professions, than it does what religion he shall profess, in order to qualify him for holding office. All matters of this kind are wisely left to be regulated by public

opinion and the demands of society. What advantage then would there be in the establishment of a grand national university, or of state boards without laws sternly prohibiting all those who do not hold a diploma from the one, or a license from the other from the exercise of professional functions? And who is insane enough to suppose that such laws will ever be enacted; or if enacted, rigidly enforced in this country?

It seems to us, therefore, perfectly clear that whatever is to be accomplished in the way of medical reform in this country, must be done by regulating public opinion, by means of voluntary organization, such as county, state, and national associations. And the sooner we abandon the impracticable idea of endeavoring to engraft European customs on American institutions, and unite in some well digested plan to render our own system of education as perfect as possible, the sooner will we be likely to obtain satisfactory results.

We have already extended this article much farther than we at first intended, yet we cannot close without suggesting one or two modifications in our national association, which if adopted would, we believe, tend greatly to increase its usefulness.

In the first place then, it should be made to reflect as far as possible the wishes of the entire profession throughout the United States, or in other words become a great national scientific congress, in which all parts of the country shall be represented. This is what all parties seem to desire.

Secondly—The time occupied in the annual meetings should be extended from two or three, to ten days, or two weeks, if necessary, or at least long enough to allow ample time to read, and thoroughly discuss all the reports and papers presented. We think also, that the time has arrived, or will soon arrive, when the migratory meetings should be abandoned, and a suitable place fixed on for meeting permanently. We like the suggestion of making Washington city the place of permanent meeting, and of connecting the association, in some way, with the Smithsonian institute. Many advantages would result from such an arrangement, but we cannot now stop to consider them. McP.—*St. Louis Med. & Surg. Jour.*

Medical Education.

No topic has been more prolific in essays, discussions, and opinions among medical men, for the last eight or ten years, than this. Almost every one has some "peculiar views" as to the best mode to be pursued in furnishing the minds of neophytes with the requisite amount of knowledge to authorize them to undertake the care of the sick. By no means is it our intention to add to the number of modes which will, undoubtedly, accomplish all these things, but rather to discuss certain points connected with the whole subject, and of importance in every view.

There are, evidently, two classes of instructors for students of medicine. One is composed of those who give office instruction, as it is termed: that is, who receive the pupil to their offices, who set before him his text-books, who show him more or less examples of disease, and give the general direction to his whole course. The other class is the body of public lecturers in the several branches of medical science, grouped as they are in the various medical colleges of our country. It is the first class who have, in fact, the privilege of admitting applicants to the study of medicine. It is the second class who have directly, or indirectly, authority to graduate them as fitted to practice the healing art. A certificate of study with the office preceptor is necessary to obtain admission as a candidate for graduation, and, therefore, the pupil *must* have passed under the tuition of both.

At the first glance, then, each class of instructors has his peculiar duties and responsibilities. It rests with the office instructor to guard the very entrance to the sacred penetralia, and to turn back the ignorant or unworthy applicant, while it is the public lecturers who must, by their united decision, say whether or not those who have been sent to them are worthy of the honors to which they aspire. To each, then, should the profession look for that defence against the admission of base men to their ranks, which has been entrusted to them. In fact, however, it has been usually the public, not the private, teachers who have been blamed for whatever of error has been committed in this respect. It is they, it is alleged, who have conferred the degrees: they only are blameable. It is not our purpose to deny that fault may rest with them; we admit that it does so rest with more or less of them. But we, at the same time, say that more blame is justly chargeable to private instructors. It is they who admit unqualified persons to their offices; it is they who best know their de-

ficiencies; it is they who are best acquainted with their moral character; and still, it is they who send them to the colleges with certificates of time passed in the study of medicine, and, at the worst, make no objection on the score of bad morals. The professors of any college must be unable to detect any moral deficiency, when at the longest they see pupils but for six months, and then not with the intimacy of a private instructor—unless, indeed, the immorality be excessive. And so, too, with those who are ignorant. Cramming, impudence, and accident do very much towards blinding those most desirous of ascertaining the actual degree of knowledge possessed by an individual. Still, every year, more or less applicants for graduation are rejected from both these causes; and yet the private preceptor has sent them to the colleges with the necessary certificates. Good nature, or the fear of displeasing the individual or his friends, may, in many instances, account for this, but the fact remains the same.

It must be allowed to be a singular circumstance that, in our country, the schools are the scapegoats for whatever of error has been committed in lowering the degree of education of medical men. Our national association has appointed committees on committees to attend to, and report upon, this very thing. Sometimes views have been taken similar to those just stated; but more generally it has been the schools, that have been advised to be tinkered, or altered, or amended. This arises, we do not doubt, from the fact that poor human nature is fond of laying its own burdens upon others' shoulders, and in confessing faults to exist in others rather than in itself. Long lecture-terms are advised, and urged, and insisted upon as the great cure-all; and more departments, and more professors, are spoken of as equally certain remedies. Still the faults of the private instructor are overlooked; or cannot be reached, and the evil continues to exist, simply because its source remains.

We do not say this because we are not willing and desirous to aid any scheme which shall seem to promise a real improvement in this matter; but we are not anxious to run after every *ignis fatuus* that dances in the distance; and prefer to keep to the well-trodden path, rather than risk ourself in the boggy woods of theoretical and utopian plans.

The immediate cause of these remarks must be found in a memorial from the American Medical Society of Paris, presented to the National Association, at its last meeting, of which we had before purposed to speak, and which has been recalled to our remembrance. This society states that the association had its origin "from the consciousness of physicians of the

low state of medical education in our country," and the desire to improve it; that they, "by our sojourn abroad, have become more painfully conscious of our infirmities and deficiencies at home;" and that they, therefore, recommend a plan for remedying all these defects. Now, when we remember who compose this society, we confess to a suspicion that sending this memorial to the association is a piece of impertinence. Americans who are studying medicine in Paris are the members of this society; and these must be chiefly those who have but lately graduated. We say *must* be, because but few men of established practice can allow themselves more that a few months in Paris. It is not going too far to add, that they can hardly have exhausted all knowledge as to the requirements or wants of the profession at home, or the difficulties under which it labors; they have not tried the effect of changes, and cannot see the great difficulties which lie in the way of their accomplishment. A person entirely without experience of the effect of "a sojourn abroad" upon himself, can readily suppose that it would enable one to perceive his own deficiencies, whether they were owing to the defects of the system of education, or to his own insufficient diligence. It is not so clear how it should enable one to know the best remedy for the defects in that system. And this memorial would confirm this opinion. The society urge this plan: that a board of examiners should be appointed by each state medical society every year, which shall publicly examine all applicants who are introduced by a member of the society; and that no one shall, without such examination, be admitted to the state society or national association. To this plan we have but two objections; one, that it is not practicable; and the other, that if it were, it would do no good. The society does not enter into particulars as to the qualifications to be demanded of canditates, but says, "they should not, however, believe in any peculiar doctrines or methods—no certificates of attendance upon courses of lectures should be necessary, but solely the possession of the necessary amount of medical knowledge to practice their profession with safety and honor." That is to say, if we understand this language, no enquiry should be made as to whether or not they have been deluded by the "peculiar doctrines or methods" of Hahnemann, Priessnitz, or Thompson; none as to whether or not they have taken all available means of acquainting themselves with those portions of medical knowledge to be learned only from extensive museums, well-furnished cabinets, and expensive plates, which can be in the possession of colleges only; but the whole inquiry is, whether or not they can answer for a little while (for

the examination in such a case must be brief) to the questions proposed by the board in such a way as to satisfy that body. Thus, we should have the two safeguards, now placed one in the hands of the private preceptor, and the other in those of the schools, removed, and no substitute provided; while no Hippocratic oath would with its solemn promises challenge the attention, and warn the thoughtless errorist to turn away to a more congenial companionship.

The memorial says very truly, that this could have no effect on the established schools, and on this account we have spoken of it with perfect freedom. Only by injuring the profession could it any way affect them.

We have said that sending this memorial to the association seems to us impertinent. We ought to add, that we have no idea that it was *intended* to be so, but arises rather from inconsiderate haste. Persons have been known to write letters from Europe, giving glowing accounts of Italian skies, and Alpine scenery, and beautiful cataracts, who have never taken the trouble to see Niagara or St. Anthony, or to visit Mount Washington, or to think of the beautiful blue which, in their own country, is almost continually above them, and which Italians themselves confess to be unsurpassed. So, too, persons have been known to go to London and Paris to study medicine, who have not begun to exhaust the means of instruction offered to them at home, and have esteemed everything which surpasses their own ignorance to surpass their own country. It is by no means impossible that there may be some such in this society. Let it be understood that we do not undervalue a European education, or the advantages possessed by those who are permitted to follow the instructions of the learned men of the English, French, and German capitals. But these advantages do not confer all wisdom. Should a few students from Philadelphia, who had rarely gone to the Pennsylvania hospital in that city, come to New York, and pursuing their studies here with more diligence, have become acquainted with the advantages offered by Ward's Island, Blackwell's Island, Bellevue, and the New York hospitals, as well as elsewhere, form themselves into a society and send a memorial to the Medical Society of Philadelphia, composed in part, at least, of the instructors of that city—telling them that medical education in that city was in a terribly low state, and that they would advise the adoption of a certain course to improve it—would not such a proceeding be regarded as somewhat impertinent? In much this light do we look upon this memorial.

In our opinion, Dr. Sayre, of this city, did good service by

calling attention to this document, which was at first carelessly received and referred, and by causing it to be laid on the table. This was due not to the interests of the schools, but to the dignity of all who sit in that association as representatives of the American medical profession.

Am. Med. Monthly.

An Essay on Yellow Fever.

BY W. J. TUCK, M. D., OF MEMPHIS, TENNESSEE.

The subject of fever is, perhaps, the most interesting and important that can engage the mind of the physician. It is estimated by a learned and eminent medical author, Dr. McIntosh, that four-fifths of the deaths that have occurred in the world have been occasioned by fever under its various forms and modifications.

That form of fever, usually denominated yellow fever, from the characteristic color of the skin, will engage our attention in the present essay.

The discussion of this subject, we think, may be regarded as particularly appropriate under the present circumstances. The most fatal and malignant form of this remarkable disease has recently swept, with its deadly wing, over the fairest, the most fertile and populous portions of our southern country. Perhaps, no epidemic known in the annals of medical history has spread so much death and desolation in its fell career. The type has not only been the most malignant previously known, but is regarded as having presented some new phases, not hitherto noticed, and now undergoing the investigation of some of our most able and scientific southern physicians.

It is true, that those cities situated in a more northern region of our great valley have entirely escaped its ravages, but they cannot tell how long they may thus be blessed. Its broad and lengthened death-shake, extended, during the past autumn, over a wider scope of territory than has ever been known before, and for aught we know, another fell incursion of this ruthless enemy of human life, may break over its previous confines and carry with it a similar train of death and desolation.

It is well, then, that this subject should claim our most earnest and careful attention, and that we should endeavor, as far as human capability will permit, to investigate and un-

derstand its *nature*, its *cause*, its *laws and its modes of diffusion*, its *pathology*, and the *best modes of treatment*. We have endeavored, amid various interruptions, to arrange and methodize our thoughts and views in relation to several of these points. The limits we have assigned ourselves will not admit a discussion of them all. Having had occasion, at various times, to examine the productions of many able and learned authors who have carefully investigated the subject, and having also enjoyed the opportunity of personal observation and experience, while residing in New Orleans during the prevalence of an epidemic, we shall endeavor to give the results of our investigations and observations in as plain, clear and concise a manner as it is in our power to do. The object of all medical investigation is *truth*—the only thing indeed worth attaining—and by this principle we shall, at least, attempt to be governed in the present discussion.

Yellow fever has been styled by some authors an American disease. It is, indeed, a very singular and unaccountable fact, that it prevails much more frequently, and to a much greater extent, on the American than on the Eastern Continent, even where the climate, the density of population, and all other circumstances in the latter would seem especially to favor the production of the disease. It is well known to be a very frequent epidemic in most of the southern cities of the United States, and in the cities and sea port towns between the tropics in America, it scarcely ever ceases to prevail to a greater or less extent; whereas, it is almost unknown in Asia, Eastern Africa, and the southeastern portions of Europe. It is said never to have been found in some of the most densely populated cities in southern latitudes, such as Canton, Calcutta, Alexandria, Smyrna and Constantinople, while it would seem that all the favorable circumstances which appear to produce or develope the disease, would render these cities much more liable to its invasion than Philadelphia and New York, where it has at different times prevailed with great fatality. No writer, we believe, has been able to give any rational explanation of this remarkable peculiarity. This peculiar feature of the disease will be again alluded to as bearing upon some of the points of the questions under discussion.

We come now to the discussion of the question—whether yellow fever and bilious fever are identical? Dr. Rush, and some of the eminent medical writers of his day, as well as of the present period, have contended for the identity of these two diseases, and regard them as originating from the same cause, and differing, not in kind, but only in degree. We have endeavored to examine carefully the arguments of those

who have had the best opportunities of investigating the nature of yellow fever; and, as a result of this examination, as well as from our own personal observations, we are compelled to dissent from this opinion, and have been unavoidably conducted to the conclusion that yellow fever is a peculiar and specific disease, originating from a specific cause, and differing essentially in its nature from the bilious remittent fevers of our country. In this opinion we are sustained by a very large majority of the best medical authorities, and of the most observing and experienced practitioners who have resided and practiced in southern latitudes.

The first argument we present in support of our views, is that which is very naturally and logically derived from a statement of facts, formerly made, namely—that yellow fever has never been known to exist in the most populous cities of Europe, Asia and Africa; while it is a well ascertained and admitted fact, that bilious remittent fevers have been observed to occur very frequently, and sometimes in the most malignant and fatal forms, in those very cities and localities where not a case of yellow fever has ever been found to exist.

It is useless, we think, for the advocates of the identity of these two diseases to argue, that if the causes which produce bilious remittent fevers were more concentrated or powerful, that yellow fever would be the result. Is it not a well known fact to every practitioner in our southern states that thousands have been swept away by violent and malignant attacks of remittent fevers, unaccompanied, both in their progress and termination, by any of those well known symptoms which characterize yellow fever? Old and experienced southern practitioners have informed me that, although they had been practicing medicine for twenty or thirty years, during which time they had been constantly attending cases of bilious fever, yet, not one case had ever come under their treatment or observation, similar in symptoms to those cases of yellow fever which they had witnessed in cities where the epidemic prevailed. We recollect to have heard a statement made by Dr. Fearn, an old and eminent practitioner of Huntsville, Alabama, that while he was practicing in that city, a most malignant and fatal form of remittent fever made its appearance, and that every case terminated fatally, spreading a panic throughout the whole country, and yet we could not learn that any of these cases terminated with symptoms of yellow fever. Here was a cause, we might suppose, sufficiently concentrated and violent for any purpose, yet we do not find the effect, which gentlemen contend for, who advocate the identity of bilious and yellow fever. It does really seem

reasonable to suppose, that if these diseases be identical, we should certainly have, at least, *some cases* presenting the usual characteristics of yellow fever, in those numerous districts of our southern and western country, where bilious remittent fevers prevail so frequently, so extensively, and often so fatally, and, yet, where the oldest practitioners will tell you they never saw a case of yellow fever.

In the eastern part of Virginia, in the Roanoke valley, the inhabitants are subject to severe and sometimes fatal attacks of bilious remittent fever. We remember, while residing many years since in this region of the state, that the whole community was startled by the sudden death of one of our merchants, who had recently returned from a visit to New York, where yellow fever was prevailing. A few days after reaching home, apparently in fine health, he was seized with the most violent symptoms and died in a few days; his physicians declaring they had never witnessed a similar disease, but pronounced it yellow fever, to the best of their knowledge, as the attack was accompanied by all those peculiar characteristics attributed to that disease. Now, all these facts and statements cannot be gainsayed by gentlemen who hold opposite views on this subject; and in arriving at a correct conclusion on the question under discussion, we hope that these facts and arguments will command their due consideration and importance.

Another circumstance may be here briefly noticed, which, to some extent, distinguishes yellow fever from bilious fever. It would seem, from our own observation and from the statement of others, that one attack of bilious fever does not tend to act as a preventive of a second one, but appears in some instances to predispose to a second attack of the same disease; and, we were once acquainted with a gentleman who was in the habit of having an attack of this disease every autumn, and regularly expected it. The writer has suffered from repeated attacks of bilious remittent fever during his residence in the southwest. On the other hand, although physicians differ with regard to the degree or extent of the protection, yet, we believe, it is a generally admitted fact that one attack of yellow fever is to some extent a protection against a second one, and that a second attack is comparatively of rare occurrence with those who have not lost their acclimation by residence in a more northern latitude. As an argument in favor of the identity of these two diseases, it is contended by some that they are known to prevail at the same time, and that yellow fever is often preceded by bilious remittent fevers, which latter assume the type of the former

as soon as the cause becomes more concentrated. This circumstance, it is true, sometimes occurs—at other times it is not the case. Dr. Dickson states that yellow fever raged violently in Charleston, while the whole country around, as well as the city, was singularly exempt from bilious fever. In his work on the practice of medicine, the following statement is made by this gentleman, who has had ample opportunities of observation. He says: "In looking over our bills of mortality, the yellow fever years are not distinguished by any increase in the deaths from malarious fever, but very strikingly the reverse. They have prevailed but twice together in the last quarter of a century, viz: in 1827 and 1835. On the contrary, the summer of 1824 was one of terrible pestilence with us in the city, but there were no bilious fevers, and the surrounding country was healthier than usual. The same thing is true of 1828, when dengue preceded yellow fever. In 1837, '38, '39, '40, we had yellow fever, but little or no bilious fever. Here, then, the line of distinction is broadly drawn, for here we have always subjects in abundance for the two forms of fever, their causes concurring, as in 1827 and 1835. Elsewhere, the apparent contrast might be ascribed to an exclusive or paramount agency of a more intense or malignant vehemence of the generative cause, which, it is clearly evident, is not even supposable here."

These facts would seem to indicate that in Charleston, at least, yellow and bilious fevers are so slightly cognate or related to each other, that they are scarcely ever known to occur together during the same season.

It is, however, true that in New Orleans and other cities, yellow fever is often preceded and accompanied by bilious remittent fevers, and it is a common statement, as well as a true one, that when yellow fever makes its appearance, all other diseases which may exist at the time, seemed to be merged into the prevailing epidemic; and it may, indeed, be possible that a condition of atmosphere which gives rise to a prevalence of bilious remittent fevers, may predispose the systems of those who are subjected to this influence, to an attack of yellow fever as soon as there is a development of the specific poison which produces this disease; but this does not, by any means, demonstrate that the cause and nature of these diseases are identical. A condition of the atmosphere, or any cause whatever, might predispose the system to an attack of diarrhœa, would certainly aid in the development of an attack of asiatic cholera, in those regions subject to this disease; yet, there are few perhaps who would not admit there must be superadded to this predisposing condition,

some peculiar specific cause, in order to give rise to that terrible and inscrutable scourge which has spread such devastation throughout so many portions of our country.

Yellow fever has been styled by our standard medical authorities as a fever of one paroxysm, continuing without abatement for two or three days, and then ceasing entirely, either to terminate fatally or in recovery. In this respect, also, yellow fever differs from bilious fever. On the other hand, the advocates for the identity of these diseases contend that no such difference is found to exist, and that a regular remission takes place in one as well as the other. In reply to this, it is only necessary to state that while in bilious remittent fevers the remission usually occurs at regular intervals of twenty-four hours, in yellow fever the paroxysm continues without abatement from thirty-six to forty hours, and sometimes to sixty to seventy. And, again, while in bilious fever there is only a partial abatement of the fever, to recur at a stated period, in yellow fever, when the paroxysm is over, there is a complete intermission—"a stadium," as Lining terms it, without any febrile excitement whatever. This period of repose—for it cannot be properly called remission—continues from twelve to twenty-four hours, (the length of time depending upon the violence of the attack and the character of the first stage,) after which time the patient sinks into hopeless collapse and death, or reaction and convalescence commence. Dr. McArthus, an eminent and experienced physician and writer, and who, for a number of years, had superintendence of a public hospital at Barbadoes, in the West Indies, had an opportunity of seeing much of yellow fever, and has written a concise and very able article on the subject, giving a history of it as occurring under his immediate observation. He makes the following statement: "I have never noticed a remission during the whole course of the fever. Several cases of remittent fever came under my care, terminating in the endemic." Other authors also speak of having seen many instances of bilious remittent fever terminating in yellow fever, and this probably has been observed by every practitioner of our southern cities; and, thus it is very easy to explain how a careless observer may confound these two diseases, or class them as identical, overlooking the fact that all diseases which may exist at the time are prone to assume the form of the prevailing and overruling epidemic.

Again, it is the opinion of many who have had an opportunity of being much with yellow fever, that there is a peculiar expression of the countenance, in those affected with the disease, by which it is really distinguished from all other forms

of fever. In the first case of the disease which was brought to this city last summer, a friend of ours, Dr. Harris, was called to prescribe, and requested me to visit the patient in consultation, remarking at the time, that there was something peculiar in the appearauce of the patient's countenance and in the symptoms, which he had never seen before, although very familiar with bilious fever as occurring in his practice in Alabama and in this city. The patient, when I saw him, was in the midst of the severe febrile paroxysm, from which he had been suffering for more than twenty-four hours—hot, dry skin, a red, muddy, yellowish complexion of the conjunctiva, and great gastric uneasiness were presented. Next morning, a "stadium," or an entire intermission was observed, and to any one who had never learned the delusive character of this condition of entire repose, the symptoms would have indicated as favorable a prospect of recovery as could have been desired. In a few hours, however, the skin assumed a deep yellow tinge, black vomit supervened, and to the great astonishment of several physicians who witnessed the case, the patient died before night; and, we are confident that none who witnessed the history of this case could ever be convinced that it was, in any respect, identical with bilious remittent fever, such as so often had occurred under their observation.

We remember distinctly the first case of yellow fever which came under our notice in New Orleans in the summer of 1844. It was the first case which made its appearance in the city, and was taken to the Charity hospital. Being anxious to become acquainted with the disease, I repaired immediately to the hospital, and the physician in charge directed me to his ward, requested me to examine the patient and give my opinion of his condition. When I saw him, the febrile paroxysm had entirely subsided—it was the third day from the attack—his pulse was calm and natural—complained of no pain—was entirely rational—informed me when he was taken ill—said he felt very well, and the impression produced on my mind was that he was free of disease, and would soon be well; and when the attending physician enquired how I found his patient, I at once responded, that he seemed to be doing finely and would soon be up. His brief reply was, that he would be dead by six o'clock that evening—it was then morning. I would not believe this statement, until it was verified by another visit to the hospital next morning, when I found that the patient had died about the time predicted, and we proceeded to make a post-mortem examination. Such are some of the remarkable phenomena of this disease that have come under the writer's observation. We may here also appropriately

allude to a remark made by Dr. Geo. B. Wood in his excellent work on the practice of medicine. Dr. W. states that "though perfectly familiar with bilious fever, when he first saw a case of yellow fever, he was at once struck with the latter as something he had never seen before."

Again, the yellow color of the skin distinguishes this disease from bilious remittent fever. Although this color occurs to some extent, occasionally, in bilious fever, yet it is comparatively rare, and may be said to form an exception to the general rule; whereas, this symptom so uniformly accompanies yellow fever, that it has given rise to the name by which it is almost universally denominated; and the absence of it is so rare that it constitutes an unexpected exception to an almost universal rule. And, moreover, it has been remarked by some close observers, that there is a peculiar dusky orange color in the latter, which is not observed in the former.

The black vomit is another well known characteristic of yellow fever, and has been demonstrated by the best chemists as being entirely different in its nature and combinations from the dark discharges occurring occasionally in bilious remittent fevers. The black matter discharged from the stomach in the latter period of this disease, is regarded by the best authorities as "minute flakes of coagulated blood, suspended in gastric mucus, produced by sanguineous exhalation from the abraded surface of the mucous membrone of the stomach." It has been proven that the dark discharges in some of the "high grades of bilious and typhous fevers differ essentially from the black vomit of yellow fever. The former will dissolve in water and communicate a deep bilious tinge to it; whereas, the black matter which forms the *black vomit* of yellow fever, consists of small insoluble flakes which are held suspended in a viscid fluid, and will not communicate a yellowish or greenish tinge to water when agitated with it." Dr. Bancroft says: "In taste, also, they differ. The black matter which occurs in common bilious fevers is always intensely bitter; but that which is thrown up in yellow fever is either insipid or acid."

Dr. Rhees of Philadelphia remarks, that on instituting a series of observations with the solar microscope upon black vomit, he found it to contain innumerable animalculæ. I remember Prof. Gibson of Philadelphia, to have stated that Dr. Physic and himself made similar examinations, and these animalculæ were discovered. It is stated that "comparative examinations were made of the discharges of the stomachs of patients ill with autumnal bilious and remittent fevers, and no similar appearances were discovered."

We might further extend our observations, and allude to the different pathological phenomena of these two diseases, as revealed by dissection; but the limits we have proposed to ourselves do not admit of a more extended discussion of this branch of our subject; and besides, we fear, we have already trespassed too much upon the patience of the reader. From the facts and arguments already presented, if duly considered, we are satisfied that the candid investigator of truth will be inevitably led to the conclusion, that yellow fever and bilious remittent fever are not identical diseases, and that they are *essentially different in their nature, and originate from distinct and different causes.*

We shall now proceed to enter upon a brief discussion of the question of the contagiousness of yellow fever:

It is hardly necessary here to allude to the great importance of forming correct views on this question. This is obvious, upon a moment's reflection. A correct decision of it is not merely a matter of curious interest to the mind of the speculative philosophers, but it involves questions of great practical importance to the world; such, for instance, as whether the substitution of sanitary or hygienic measures for quarantine restrictions would afford a more certain and effectual protection against the disease; a question evidently and intimately connected with the great interests of the commercial world, as well as with the preservation and defence of the health and lives of millions of the human family.

The medical world, as is well known, have been long divided upon the question of the contagiousness of yellow fever; and volumes have been written upon the subject; many of the writers evincing feelings by no means creditable to themselves or the profession, and regardless of that calm, candid and dispassionate temper which should always characterize the medical philosopher in search of truth. In the opening of this discussion, the enquiry presents itself; what do we mean by a contagious disease? Let us endeavor to acquire as clear a conception as possible of the proper meaning of the terms employed in the question, and thus we may be able to remove difficulties which may otherwise thrust themselves in the way of progress towards the attainment of truth.

It is said that the celebrated metaphysician John Locke was led to the conception and performance of his great work on the conduct of the human understanding, from hearing two persons engaged in a long, warm and useless discussion, while he discovered that the greatest ground of their difference resulted from their not having a clear understanding of the

meaning of the terms employed to express the question under debate.

We attribute to the term contagion that meaning or sense in which it is employed by our best standard authors, and as established by common consent and general usage. This is the true mode of arriving at a correct meaning of words.

A disease is termed contagious which is capable of producing the same disease in another person, and thus capable of propagating itself through a number of unprotected persons who may be exposed to it. We believe, it is also a generally admitted fact that a contagious disease may be communicated in any climate, and in the purest state of atmosphere, where the contiguity is sufficiently close. Such is the case with small-pox, measles, scarlatina, &c., diseases which, by general consent, are regarded as contagious by all writers.

Bearing, then, in mind the above definition of the term contagion, as defined and acknowledged by the best authorities, and common usage, we believe that the position may be clearly and fully maintained that yellow fever is not a contagious disease.

We proceed now to examine some of the arguments of the advocates of the doctrine of contagion. It is contended by them that the disease is transmitted, by contagious influence, from one city to another, and as an evidence of this, that it first makes its appearance about the wharves and localities contiguous thereto, where ships from an infected port land and discharge their freight and passengers. Let us look for a moment to the facts in relation to this statement. Let us take, for instance the city of New Orleans. We were residing in that city, and were connected with the Charity hospital, during the summer of 1841, when the epidemic made its appearance, about the 1st of August. It was a well understood fact, at the time, among the prominent medical men of the city, that the disease originated from local causes, and that it could not be traced, in any way, to foreign importation, by means of ships or otherwise. Dr. Fenner, an able and experienced physician of New Orleans, has devoted especial attention to this subject during the last twelve years, and has written a history of all the epidemics that have appeared in that city during his residence there since 1841, and he, as well as other prominent medical men of that place, has given his decided opinion, supported by a number of facts amounting to demonstration, that yellow fever has never been imported into the city, and that it has generally been found to commence at some locality remote from the wharves and ships, and between which there could not be traced any communication.

Let us recur to the facts in connection with the late epidemic

in New Orleans, which prevailed with so much malignity during the past autumn. Dr. Cartwright, an eminent resident physician of that city, states, in a recent number of the New Orleans Medical and Surgical Journal, that the first person who was attacked with the disease, which was on the 27th of May, was an Irishman direct from Liverpool. Three days after, Bremen in Germany, contributed a case. Seven days elapsed, when Ireland contributed another; and next, New England, not to be out done, brought in a sacrifice under the black vomit flag. He remarks that some have accused Jamaica and Rio of having introduced the disease, but if this be so, then Ireland, England and Germany, where there did not exist a single case of the disease, should all be held guilty, as they are all ahead in the mischief. We think that these facts are sufficient to demonstrate that yellow fever is not imported into New Orleans from other ports such as Havana, Vera Cruz, &c., but that there are local causes in that city which give rise to the production of the disease, as well as in the other more tropical cities of America. And, besides, if the disease be imported from other cities, why does not the epidemic occur more frequently? Why is it that, sometimes, for five or six years, there is no epidemic at all, when the intercourse is just as constant between New Orleans and those other cities where the epidemic prevails more or less every year? Ships come into the port of New Orleans almost daily from highly infected cities—landing their freight, and passengers dying with yellow fever, who are taken to the hospital or to the hotels of the city—why is not the disease communicated, in these cases, by contagion, if it be a contagious affection? It is useless to argue, as some have done, that a certain corrupt or tainted condition of the atmosphere is necessary to exist before the disease can spread or diffuse itself; for this is contrary to the well known laws of those diseases admitted by all to be contagious, which may be communicated in any atmosphere where the contiguity is sufficiently close; and moreover, this argument looks like begging the question, for how do they know but that this corrupt or tainted condition of the atmosphere which they consider necessary to exist for the dissemination of the disease, may be the very condition itself which is sufficient to produce an epidemic, without resorting to any contagious influences, or importation from abroad. Again, it is a well ascertained fact, that when a number of patients affected with yellow fever are removed from the infected region, into a healthy atmosphere, the physicians and nurses have always escaped the disease. Such is well known to have been the case in New York and other cities where the epidemic was prevailing.

A number of the sick were removed to a healthy position in the neighborhood, and the disease did not communicate itself in a single instance to those who were exposed by nursing or visiting the sick.

The same circumstances occurred, in a very notable manner, in this city last autumn, when there was every imaginable opportunity for the communication of yellow fever to our inhabitants. Boats arrived here every day from the infected region—from New Orleans, Natchez and Vicksburg, at which places the disease was prevailing with unprecedented malignity. These boats were freighted with merchandise of every description, which had been exposed to the atmosphere of the infected city—a number of the sick and dying were almost daily discharged from these boats, and carried through the streets of the city to the hospital, or taken care of at hotels or private houses. We adopted no quarantine regulations. No efforts were made by the citizens, in any way, to prevent the communication of the disease. I have seen whole families as well as friends crowded around the sick bed of the dying patient. Now, in all reason and common sense, was there not here the most ample opportunity for a contagious disease to propagate itself? Can it be for a moment supposed that if a large number of cases of small-pox, measles, or any of the diseases ordinarily termed contagious, could have been thrown thus upon a dense population of unprotected persons, without, to some extent at least, disseminating the disease?

And yet, notwithstanding all these favorable circumstances for the production or importation of yellow fever, we entirely escaped its ravages, and the city was never known to be in a more healthy condition. These facts, we think, are sufficient to demonstrate clearly that yellow fever is not contagious and cannot be communicated in a healthy atmosphere, and when the advocates of contagion are compelled to fall back upon the position that it can only be communicated in a corrupt or tainted atmosphere, we reply as was stated formerly, that this is contrary to the acknowledged laws of contagious diseases, and the argument appears to us very much like begging the question, or a mere subterfuge to avoid the difficulties or objections which are unanswerable.

We shall here briefly allude to another fact which came under our own observation during the prevalence of the late epidemic. The large steamer H. D Bacon, on her way from New Orleans to St. Louis, landed at our wharf and discharged some eight or ten passengers, sick with yellow fever; several cases remained on the boat, and my professional services were retained to attend them to their point of destination—St. Louis. It would seem, that on this boat, there were the most favorable circumstances for the communication of the disease to any persons tak-

ing passage on her on or after her departure from New Orleans. The boat, although a large one, contained a very small, close cabin, being designed as a freight boat, and nearly every state-room, at the time she arrived here, had been occupied by some one who was sick or had died from the epidemic. It may reasonably be supposed that if the atmosphere of any locality could be thoroughly charged with morbific elements, such should have been the case with this boat, coming as it had done, directly from a highly infected port, with a large number of the sick and dying on board, heavily freighted with merchandise and thus well adapted to the conveyance of fomites. Yet what are the facts as developed? Not a single passenger, out of quite a number, who took passage at some point above the infected region, suffered from any symptom of the disease. The writer escaped every symptom and enjoyed better health than usual, although constantly exposed, by being with the sick and sleeping near their state-rooms. Another circumstance may be briefly alluded to, which came under our notice during this trip to St. Louis. We were detained several hours at a sort of quarantine establishment some few miles below the city. During our detention we visited the hospital erected for the sick, situated a short distance from the river, and witnessed some cases of yellow fever in the last stages of the disease, and the odor from which was intolerably offensive. Here, certainly was a fine opportunity for contagion to display itself. The physician in charge informed us that quite a number of cases had been received, but that the disease had not been communicated in a single instance.

Having stated our opinions and endeavored to sustain them by facts which have come under our observation, we shall now proceed to allude briefly to the views of some of the most eminent and experienced authors and practitioners who have treated on the subject.

Dr. Cherrin, who, it seems, has given as much if not more attention to this disease than any other writer, has presented the following conclusions, to which his long and laborious investigations have conducted him. They are as follows:

1st.—That in hospitals devoted to yellow fever patients, the attendants of every class have been invariably exempt from the disease, where these establishments have been situated beyond the source of sickness.

2d.—That, though according to the hypothesis of contagion, it might be imagined that persons frequently approaching patients within the range of infection might be more liable to contract the disease than those at a distance, yet this is not the case.

3d.—That, in fact, the nearest communication with the bodies of the deceased; the inoculating with the blood of persons affected; and drinking the black vomit, &c., has not propogated the disease.

4th.—That apparel used by patients has appeared to be equally inoffensive as their persons or corpses; and the separation and seclusion of the healthy from the sick, and prohibition of all intercourse, direct or indirect, has entirely failed in preventing its appearance.

In Dr. Fenner's history of the epidemic yellow fever, occuring in New Orleans in 1853, we find a number of conclusions expressed by the general board of health in relation to yellow fever. These conclusions are contained in a "report of the general board of health of England on quarantine in yellow fever," presented to both houses of parliament, and signed by Dr. Southwood Smith, and other eminent authorities. The report is regarded as an extensive and careful enquiry into the subject, the data being drawn from authentic documents, received from all places where yellow fever has prevailed, both in America and Europe. There are fifteen conclusions in this report, the following of which bear directly upon the question now under consideration:

1st.—That so great is the success attending the removal from an in-

fected locality, and the dispersion of the sick in a healthy district, that by this measure alone, the further progress of an epidemic is arrested at once.

2d.—*That there is no evidence to prove that yellow fever has ever been imported.*

In further support of the correctness of our views on this subject, we might add a great number of facts and arguments drawn from the most eminent and authentic sources, but this we do not deem necessary, and besides it would prolong our essay to a tedious and unreasonable length. Before closing the subject, however, we beg leave to introduce the following paragraph from the writings of Dr. McArthur, to whom we have before alluded, and who has had such ample opportunities of making correct observations on yellow fever. He says:

"Contagion, as a source of this fever, is entirely rejected by those professional men who have the greatest opportunity of information, now resident in the West Indies. *No case occurred where the fever could be traced to a contagious source.* No place could be better adapted to spread contagion than the building appropriated to the sick in Bridgetown. From want of means of separation, fevers and other complaints were huddled together in the same ward. The officers and nurses lodged and visited in every part of the town, and lodgings were procured for sick officers wherever there was room in the town, when they were required, without hesitation. Yet, notwithstanding all this unrestricted communication, *no instance* occurred where the fever could be traced to a contagious source; and, surely, if it were contagious it would not be so generally confined to men recently arrived in the country."

Having thus, as we conceive, from a number of facts coming under our own observation, as well as those derived from the most authentic sources, established the position that yellow fever is not a contagious disease, we come now, in conclusion, to deduce some important inferences, which indicate at once the great practical bearing of this question, and the importance of forming correct views in relation to it.

And, first, if yellow fever be not a contagious disease—and not imported from foreign sources—we infer that it must originate from local causes.

And, secondly, admitting the disease to be of local origin, its occurrence can only be prevented by the adoption of such sanitary and hygienic measures as experience may have taught to be most effectual in the removal of these local causes.

And, thirdly, that quarantine establishments, about which there has been so much controversy in the world, and which has placed so many imperious restrictions upon commercial intercourse, are not only useless, so far as the prevention of this disease is concerned, but are absolutely injurious, not merely to the interests of trade, but by calling off the attention from the adoption of proper sanitary measures at home, with the vain hope that safety may be found by restrictive quarantine regulations which have never been known to exert any good effect in the prevention of yellow fever.

We now take our leave of this subject, with the full consciousness of our inability to do it that justice which its interest and importance demand, but with the sincere hope that, from the facts and arguments which have been elicited during its discussion, we may at least have contributed an humble mite towards the attainment of the great principles of truth, and the formation of correct opinions and conclusions upon great and important questions, so interesting to the medical world, and involving as they do the health and lives of millions of our fellow beings.—*N. O. Med. & Surg. Jour.*

Soda an Antidote for Snake Bite, and the Sting of Poisonous Insects.

A correspondent in the south writes us as follows:

An article in the Memphis and Arkansas Christian Advocate, copied from the St. Louis Medical Journal, has just fallen under my notice; and among other things it is said that alcohol, if brought in contact with the venom of serpents, is to a certain extent, an antidote. As every one is liable at some time or other to come in contact with, and be bitten by serpents, such facts as this article contains, are of general interest. I am, therefore, induced to send you the following statement, in hopes that if it possesses any value, it may be further tested.

Some short time since, while in conversation with a friend, he informed me that bicarbonate of soda applied to the sting of a wasp, hornet, or bee, would immediately relieve the pain, and prevent swelling. I have tried the remedy in two instances, and in both cases, with the best result.

Some time since, I had a negro who was bitten by a snake, about dark: he did not, however, let me know it until the next morning: I then had the leg (which was much swollen) bathed in warm water, and soda applied to the wound, and in two days, the pain and swelling both were entirely relieved. The soda should be moistened a little with water before being used.

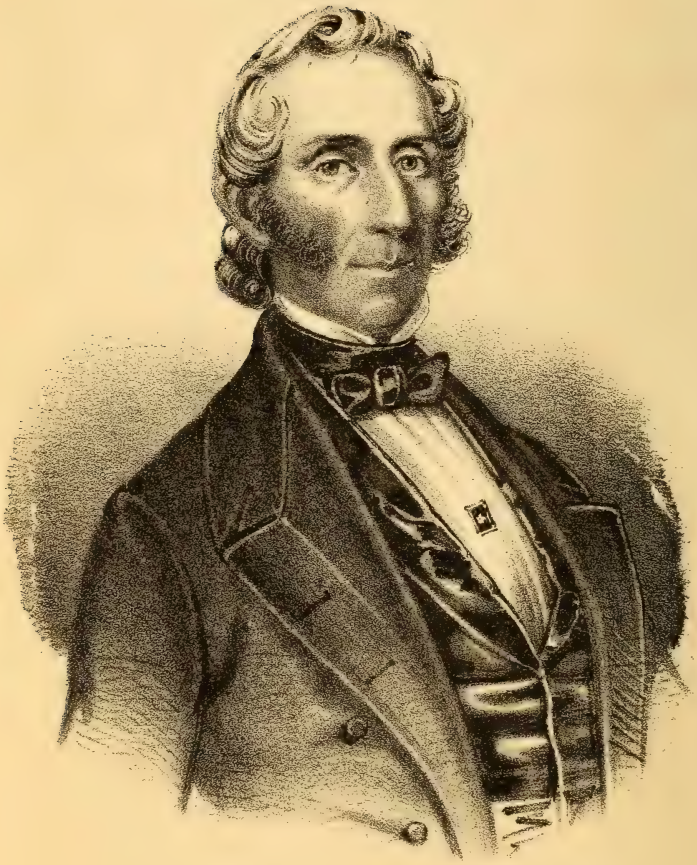
St. Louis Med. and Surg. Journal.

The Portrait of Dr. Thomas Nelson will be found in our present number. According to the records of the Society, he succeeded Dr. Marx as its president.

We take this occasion, however, to say that we have reason to believe that Dr. Nelson was one of the early presiding officers of the Medical Society, although no *recorded evidence* is to be found of the fact.

Dr. Nelson practiced his profession very successfully for many years in this city. Within the last two or three years, he has retired from its onerous duties, and is now residing upon his plantation in the county of Louisa.

May health, happiness and a green old age be his.



Yrs truly
W. A. Patteson

Lith. of Ritchies & Dunnavant Richmond

THE

STETHOSCOPE.

THE PROPERTY AND ORGAN OF THE

MEDICAL SOCIETY OF VIRGINIA.

Edited by a Committee of the Society.

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Goitre successfully treated by Iodine.

BY C. H. HARRIS, OF BUCKINGHAM, VA.

In the fall of 1848, I was called to see Mrs. M., whom I found ill with typhoid fever, and while in attendance on her, observed that three of her children were affected with goitre. A little girl some five or six years old, a son about ten years old, and a daughter twenty-three years of age. The gland was but slightly enlarged in the two younger children, but in the case of the young lady, had acquired an enormous size, occupying the greater portion of the anterior part of the throat, extending almost from ear to ear, and projecting some distance beyond the chin. The enlargement was first noticed when she was about six years old, and she was now in her twenty-third year. Upon examination, I found the tumor to be firm to the touch, entirely free from pain or soreness, and the skin retaining its natural color. The only inconvenience complained of, was more or less difficulty of respiration, and this much increased by exercise. Her voice, as noticed by her family, had lost its clearness in a great degree, since the gland had acquired such size.

I am aware that there is a great difference among writers as to the true cause of bronchocele; but from the facts, as gathered from Mr. and Mrs. M., I am disposed to attribute

the affection in these cases to the water they used. There had been no case of the same kind among any of their children until they had moved to the place at which they were then living; and the disease had showed itself among those who had previously occupied the same dwelling, and made use of water from the same spring, while there were no other cases of the same affection, so far as I could ascertain, in the neighborhood.

Upon being asked by Mr. M. if I could cure the disease, my reply was, that I thought his little son and daughter could be relieved, but in the case of his elder daughter, the gland having acquired such size, and the enlargement of such long standing, I thought it would be useless to attempt its removal by any medicine. I, at his request, prepared some iodine ointment, (one scruple iodine to one ounce of lard,) and gave it to him for his little daughter and son, with directions for its use, and in a few weeks, the enlargement entirely disappeared from the necks of both.

Now, so very solicitous were Mr., Mrs. and Miss M., that I should attempt the removal of her goitre by the same remedy, notwithstanding my opinion that there was little or no hope of effecting such a result, I concluded to do so, and, at the expiration of eighteen months, had the gratification to find my patient entirely relieved—not a vestige of the disease remaining.

I used the iodine internally and externally, varying the different preparations from time to time, and confined her to a very spare diet.

She had been under treatment about three months before there was the least evidence of any diminution in the size of the gland—and this preceded by a general softness of the whole tumor. I have delayed the publication of this case, to see if there would be any return of the disease. There has been none.

I have since relieved several cases of this affection, some of them of much size and long standing, and have always observed that a diminution in size is preceded by a general softness of the tumor. It not unfrequently happens, when a physician is applied to to treat a case of goitre of much size, his reply is, Your goitre is now so large, nothing can be done for it. If I had seen you sooner, I could, no doubt, have cured you; and thus the one needing his aid is dismissed, with the belief that there is no cure for this unsightly and troublesome affection, and that he or she must make their way through life the best they can with it. But I am convinced that a large majority of the cases of bronchocele, though large

and of long standing, will yield to the influence of iodine; and my object in the report of this case is to urge upon the profession not to be deterred from making the attempt, whatever may be the size or duration of the enlargement.

No bad effects in this case or others that I have managed, followed the long continued use of the iodine; and whenever the symptoms of iodism do occur, they are owing, I believe, to the imprudent and injudicious use of the remedy.

Iodine has already proven itself to be one of our most valuable therapeutic agents; and its effects upon the animal economy yet opens a very interesting field for scientific research. That it should dissipate enlargements, tumors, &c. and not affect injuriously the glandular organs of the system, is a fact, as well known as the explanation of it is unsatisfactory—and what an interesting subject for scientific enquiry!

A great boon is yet to be conferred upon scientific medicine, by determining, with certainty, the value and effects of iodine in the cure of disease.

From our Foreign Correspondent.

EDINBURGH, November 2, 1854.

* * * * I went from Liverpool to Dublin, as I contemplated before leaving home, but upon consulting Dr. Stokes, I found that the medical course would not commence until the 1st instant, and I at once concluded not to remain idle in Dublin for three weeks, but after seeing the many interesting objects in and about the city, to leave for Scotland.

Dublin is, in my opinion, a favorable place for study. It is very quiet. You will not meet with as many concerts, theatrical stars, &c. as you find in the other large cities of the United Kingdom. Ireland, you know, is rather out of the way. I, of course, went through Trinity college, founded in 1592. It is a most venerable and magnificent pile, forming an immense quadrangle, in which are embraced several other smaller quadrangles. Everything is upon a grand scale. The park attached is large and well shaded with stately elms; and in a remote corner of it is the dissecting room, enclosed by a high wall. In the lower story of this building there is an anatomical museum, not very extensive; but two objects at least attracted my attention. I allude to the skeletons of McGath, the Irish giant, and that of a man whose joints (or

rather the *cartilages* thereof,) became ossified, terminating, as you may suppose, in misery and death. McGath's skeleton is eight feet four inches high, and it looks, truly, like the skeleton of a giant. His chest was remarkably well developed, and he must have possessed great physical strength. The ossified skeleton was, I think, rather under the average size. I noticed a very considerable growth of bone in all the joints. I don't think there was one exception. Most of the deposits were rough. The poor creature must have suffered intensely.

I spent an evening at Dr. Stokes' house. He is blessed with nine living children. The doctor, before becoming so fat, must have been a very handsome man. His face is unusually striking—his stature rather below medium. I found him exceedingly agreeable, and of course in the possession of an extensive practice.

I also called upon Dr. Wylde. He is rather the opposite of Dr. S. in some respects, being tall and thin. He has the appearance of a student. His little room for the reception of patients, into which, through mistake, I was introduced, is well arranged and admirably lighted. He also has a very large practice in his particular branch.

Cholera was in Dublin at the time of my visit. Some of the cases were unusually severe. Dr. Stokes informed me that most of the victims were paupers. As among us, there is no satisfactory treatment yet made out. One of the papers was placing great stress upon the prescription of some physician to a certain work-house, (I forget his name,) which consisted of small doses of Dover's powder, sugar of lead and camphor,* I think. The proportions were not stated. This combination was only useful, as you very well know, in the forming stage. The newspapers in Dublin, however, pursued a very sensible course. No effort whatever was made to conceal the existence of the malady, but day after day enjoined, with great emphasis, the ordinary sanitary regulations.

I was sorry I did not get an opportunity to visit the library in Trinity college. I called at the wrong *hour* of the day appropriated to strangers, to whom it is open but twice a week. It is 210 by 41 feet, and contains 90,000 volumes. The museum is quite extensive, (I do not mean the anatomical,) but I had not time to examine with any care its curiosities. Indeed, as I expected to visit the museums of London and Paris, I was not very anxious to spend much time over

* The above prescription is composed of incompatibles. It is well known that the acetate of lead suffers decomposition by the action of the sulphates being converted into an insoluble inert sulphate of lead. B.

minor collections. I noticed particularly the skeletons of two elks, *indigenous* to Ireland. The species is long since extinct. Several have been found, but only *one* female. They are generally exhumed from the morasses. The horns are most enormous, and the male, when full grown, must have been as large as a horse of ordinary size.

I traveled about 125 miles through Ireland, and was glad to find it in a better condition than I expected. The fact is, Ireland ought to be independent. She is fully able to take care of herself, under proper rule. The spirit of her sons is broken, but not extinct; and if independent, I am quite sure she would be much more prosperous. The power of England is at its zenith now, and I have but little doubt but that before the close of the present century Ireland will be free.

From Dublin I went by railway to Belfast, (a very thriving city,) and from thence, by a miserable steamer, to Glasgow, where I remained eight or ten days. Glasgow, as you know, is decidedly the most thriving city in Scotland. Its population in 1841 was 280,000, and it is now said to be 400,000. This latter statement, I doubt. Glasgow has many interesting associations connected with it; but as I find my letter growing too lengthy, I must notice but one or two. Indeed, you already perceive that I confine myself pretty much to medical subjects. Without adhering in some sort to this plan, I should weary you before getting through. The Hunterian museum, embraced among the buildings of the college, was founded some years since, and being comparatively new, forms a contrast in architecture, &c. with the dark, gloomy college proper. The anatomical specimens are beautifully arranged, and seem to have been prepared with great care. I examined them but casually. The library connected with this museum, (the gift of Hunter,) is very valuable, said to be worth $700,000. I saw some ancient manuscripts that are really wonderful. The illuminations were elegantly executed, and the colors as fresh as if painted yesterday. One was a *thousand* years old, and several, indeed *many* bore date in the years 1300 and 1400. At the beginning of a chapter there are often large groups of figures, executed with great taste and skill, in gilt and the richest colors.

The old cathedral, which Knox's zealous followers were anxious to destroy during the reformation, is the most magnificent church I have yet seen. I am not surprised that its graceful and commanding proportions appealed with so much success to the less zealous Scotchmen.

* * * * *

Edinburgh (always pronounced here Edinborough) seems

to be a much more moral city than Glasgow. The population, it is true, is not more than half that of Glasgow. The city in some respects reminds me of Washington. It has but little trade, as you are aware, but *numberless* hacks and cabs. In point of picturesque beauty, I have yet seen nothing to compare to it. I will not attempt to give you any *idea* of it. The Castle and Calton Hill, (as 'tis called) two grand eminences in the heart of the town, afford commanding views of the entire city, and are themselves seen from any point, imparting a matchless variety to the whole picture. The castle at Stirling is very grand, in the *distance*, but does not compare with this. I have visited it (Edinburgh castle) repeatedly, and enjoyed the beautiful view of the city beneath me, the Frith of Forth two miles distant, and the mountains in the far background.

You may imagine I have visited Holyrood palace, where Mary Queen of Scots resided, and where Rizzio was murdered. The furniture about the Queen's apartments remains undisturbed. These rooms were elegant at one time, but now the damask curtains are faded and motheaten, the floors rotten and every thing falling into decay, teaching us a lesson of the instability of all human things.

I spent two hours in the palace, and they were hours of sadness. I never admired Mary, but her life is interesting, because of her suffering and misfortune.

Jno. Knox lived in a very small house in High street. His study is about 8 by 6 feet: I doubt whether it is so large as this—certainly not larger. The visitor is shown through his chamber and sitting room also. He was reading in his sitting room when his candle was "*snuffed*" by a pistol ball.

I attended the opening of the university day before yesterday. I succeeded in getting through the crowd of newsmongers, &c., who infest the entrance with bills, &c., without injury. As I passed into the inner court, I found a student not so fortunate. He politely received bills from all who offered them, and so soon as he had gotten loose from the scamps, he stopped and commenced a patient perusal of them. When I entered the hall, it was densely crowded. Paper balls, (manufactured from the supply gotten at the *entrance*,) were flying in every direction. No one escaped who entered by the front way. I took the enemy in the rear by way of the gallery. Occasionally a shower of peas would salute an incomer of superior dignity. Some would whistle, others groan, crow, and make many noises for which there is no name that I know of. All the *sticks* were, of course, brought into requisition in "*beating time.*" This was rather amusing

at first, but occasionally a gray headed, respectable person would enter the hall, and I was surprised to see them greeted also with balls and peas. Presently, however, the professors were announced, and 8 or 10 gentlemen in gowns, preceded by a very venerable man about 80 years of age, entered, and I supposed all disturbance was at an end. The old gentleman, the president, had scarcely taken his seat before a shower of peas rattled about his head. He took no notice of it. He got up to address the assembly, and another shower fell upon him. He mildly rebuked the offenders, though without effect, for in five minutes thereafter another still heavier shower fell upon him. Dr. Christison became much excited, and attempted to find out the villain, but without success, and he ordered the police to be called. With this the matter ended, and it is unnecessary to say to you this *disgraceful* matter ended.

What amazed me as much as anything else was, to see that the *mass* of the students present were not indignant. There was, it is true, some disapprobation manifested, but not so positively as it should have been.

If Virginia medical students have less breeding than these, I heartily pity them; and the only reflection that has anything the least agreeable in it, connected with this most shameful affair, is, that there are some students in the world much worse than any to be found in our commonwealth. From what was said in the sensible address of this aged minister and president, similar scenes had been witnessed before in the same hall.

I heard yesterday, Dr. Christison, who has a fine voice, and is an interesting lecturer. He said he had bled but one patient in eighteen months. Also Dr. Gregory, whose experiments upon the trite subject of gases was really interesting. I heard him also this morning, on "*Matter*," when he was again exceedingly interesting. I have also heard Goodsir, who is decidedly the finest lecturer I ever listened to. His illustrations are most varied and brilliant—his diction as ready and forcible as Macaulay. He has one of the brightest and handsomest faces I have seen in England. Syme is a poor lecturer. I only heard about one word in ten, though I was *near* him. Simpson I missed yesterday, but heard him to-day. He is also a very handsome man, though much too fat. He is about five feet six inches. I was at his house last week. His lecture was very complete and satisfactory. There is too much repetition for elegance. I have heard one or two lectures on the sciences with pleasure.

I have looked anxiously to see poor Johnson's name

among the saved—but alas! I fear he is no more. My blood chilled when I saw his name among the passengers. He was a modest, sincere christian, and is in a better world I have no doubt; but we have few such men to spare. May God be a father to his children!

Yours, &c.

P.

From our Correspondent.

Broadway Hospital—Library—Pathological Cabinet—Dr. Buck—Fractures of the Thigh—Dr. Van Buren—Lithotomy—Medical School Drummer—Medical Club—Pathological Society—College of Physicians and Surgeons—Want of an American Medical University.

NEW YORK, September 1854.

DEAR DOCTOR—I have just returned from a visit to the New York hospital. This noble institution is situated in one of the most elevated and airy positions on Manhattan island. The entrance is on Broadway, in what is now the lower part of the city, but at the time of the establishment of the institution, was a considerable distance beyond the suburbs. A beautiful avenue of elms, forming a covered archway, leads to the main building. This is built of gray stone, and its walls being covered with ivy, it presents a venerable appearance. On entering the hall, one observes directly opposite, the elegant library room containing above six thousand volumes, "to which new medical and scientific publications are annually added." In addition to this, is an exceedingly valuable pathological cabinet, for which the hospital furnishes an abundance of rare and valuable material. It is highly creditable to the enlarged liberal views of the board of governors, that these valuable means of instruction have been added to the living material in which the institution abounds.

Dr. Buck very politely showed me the patients in the surgical wards under his care. Among the most interesting of these, is a case of badly united fracture of the thigh of old standing. The bone was refractured, and by gradual extension, the limb has been reduced very nearly to the natural length. A very simple, admirable apparatus is used for fracture of the thigh. A sort of leathern jacket is secured by

straps and buckles across the breast. To this a long straight padded splint is attached. At its lower end is a slot, in which is a moveable transverse piece fastened at any point by a screw. In this transverse piece, and at right angles to it, is another screw with a hook at its upper extremity. This last screw moves in the direction of the length of the limb, and its hook is opposite the centre of the sole of the foot. In order to apply it, two long strips of adhesive plaster are laid—the one on the inner and the other on the outer side of the limb commencing at the point of fracture, and extending below the sole of the foot. These strips are bound to the surface by a roller enveloping the limb and foot. The lower extremities of these plasters, which are left free from the ankle down, are lapped the one over the other, and for better security, are stitched together, so as to form a loop below the sole of the foot. A thin piece of board rather wider than the sole of the foot is placed in this loop, to prevent pressure against the condyles at the ankle joint. The loop is attached to the hook of the screw at the lower end of the splint. A well padded perineal band completes the apparatus. By means of this, extension and counter extension are applied with great exactness, and is borne with comparatively very little discomfort by the patient. The surgeon sees little or nothing of the ulcerations produced by gaiters and such contrivances, and has the satisfaction of discharging his patient with a well formed limb nearly of the natural length.

Dr. Buck is a gentleman of rare modesty and worth. His high attainments and strong practical mind are duly appreciated by his professional brethren, but will never gain for him the public notoriety and popularity eagerly sought for and profitably used, not only by ignorant charlatans, but by men with diplomas, who degrade their profession, by resorting to the tricks of disreputable tradesmen.

Learning that Dr. Van Buren was then going the rounds, I joined his party, and was introduced to him by a mutual friend. His manners are very polished and gentlemanly, but free from the pomposity and affectation of some who make capital of *manners*. We were ushered into the operating theatre, where a child about three years of age was exhibited, who had suffered for several months with the usual symptoms of calculus. The sound could not be passed beyond the prostate gland where it distinctly impinged against a calculus. Notwithstanding its position, the child always urinated freely. The patient was placed under the anæsthetic influence of ether, which is preferred at this institution, on account of the opinion of the faculty in favor of its superior safety. The

grooved staff was passed down to the stone, and the usual bilateral operation performed. The finger was then passed into the rectum, and the calculus was thus thrust forward through the incision without the use of the forceps. An exploration of the bladder was then made for the purpose of ascertaining whether other calculi existed in that organ, but without discovering any. The operation was performed in a manner highly creditable to Dr. Van Buren. His remarks on the occasion were instructive and well delivered, but we think possessed the common fault of too much diffuseness. We think, too, the doctor committed a very grievous error in keeping his patient under the influence of ether during the whole of his clinical lecture. So soon as his patient was anæsthetized, he ought to have proceeded with the operation, and continued his remarks afterwards. The anæsthetic condition is one which should always be maintained for as short a period as possible, both for the benefit of the patient and the reputation of the agent.

* * * * Passing down Broadway, a flashy looking young man was pointed out to me as the drummer of ——— medical school. The adoption of this system of drumming is one evidence of the degradation of our system of medical teaching. I know nothing of the extent to which it has been adopted, nor of the arts used by these hirelings, but I do know that if such means were used by physicians to gain practice, they would be shunned and denounced by every member of the profession who has any respect for himself and regard for the honor of the fraternity. A western paper exposed the infamous tricks resorted to by drummers of mercantile houses, who, it was said, hung about the public houses of the city, and by their insinuating, complaisant manners, gained a great deal of custom for their employers, which would otherwise have been shared by other and more honorable competitors in business. It was stated that the drummer would drink, smoke and even play the part of a pimp with the unwary country customer, by introducing him to the *most respectable* bawdy-houses of the city. God forbid that such villainous arts should be practiced by the caterer for the halls of medical instruction. But that there is a corrupt system in use I believe, for I have heard the complaint made that students who were advised to attend certain schools, were decoyed off elsewhere. No doubt this is frequently due to the influence of fellow students, but I think some fall victims to the arts of the drummer of ——— medical college.

* * * * Had the pleasure of attending a meeting of a medical club at the residence of one of the members. This

club is composed of a number of physicians, who meet at the residences or offices of the members, for social conversation on medical subjects. The presiding officer calls on every member in rotation to communicate anything of interest which may have occurred in his practice. This generally consists of a report of some case or cases, which become subjects for discussion in a conversational style. No refreshments are permitted to be introduced, for obvious reasons. You may imagine that I spent a very agreeable, profitable evening with the club.

* * * * * Attended a meeting of the Pathological Society, at the college of physicians and surgeons, nearly in the rear of the Metropolitan hotel. In consequence of the absence of several members, and of a large number of their patients, during the summer season, together with the difficulty of preserving morbid specimens, very few of these latter were presented. This society is very numerous, and its meetings, held bimonthly, are usually very well attended. On the present occasion a curiosity of some interest was presented. It consisted of a very large frog from Madagascar, which transfers its eggs to its back, where they adhere by means of some substance with which they are covered. The cuticle of the frog then closes over them; they gradually enlarge, and at length are hatched by the bursting of the cuticle as well as the membranes, leaving deep pits in the back of the animal. Several of these pits were distinctly visible on the specimen presented.

It is very gratifying to observe that the school just mentioned is disposed to cultivate a friendly intercourse with the profession at large, by inviting this society to meet in one of its halls, free of expense. It would be well if the faculties of the schools understood their own interests sufficiently to cultivate these friendly relations with their medical brethren, instead of driving them off by their arrogant assumptions of power, and exclusive devotion to their selfish interests. The college of physicians and surgeons has rendered itself deservedly popular among the profession in New York, by the courtesy I have mentioned, and by the adoption, to some extent, of the recommendations of the association in regard to reforms in medical instruction. Besides prolonging their course to five months, they have established an additional course of five months, in which specialities are taught which are usually but lightly touched in the regular course. Attendance on this course is left optional with the student, and no fees are charged. This is a step in the right direction, but it still falls far short of the requirements of the times. Why do

so large a number of our students resort to the European schools? Simply because we do not furnish them with the instruction here which they can get abroad. In the useful arts, it was found at the recent competition at London, that we were in many respects far in advance of our European rivals; and committees have been appointed by foreign courts to visit our country, and report on some of our institutions. But who would think of asking a foreigner to visit and report upon our medical schools? Who would think of inviting the graduates of foreign schools to *complete their education at our schools?* It must be mortifying to every American physician, who visits the celebrated schools of Europe, to compare them with the best in our country. The representatives of our profession in Paris have confessed this in a recent communication to our medical association, but were treated with disrespect, because, forsooth, they implied a censure on our teachers of medicine, when the proceedings of every meeting of the association contain similar censures, expressed in a far more decided manner.

The schools are too short sighted to see their own true interests and the signs of the times. All these *little* reforms, which have been attempted, and from which some have receded, do not meet the wants of students themselves. There is a sufficient number of young men desirous of acquiring a thorough knowledge of medicine, and willing to make any sacrifice of time and money to acquire it. There is a sufficient number of such students, I am sure, to support at least one school well. Which city shall have the credit of establishing it? Shall it be Boston, New York, Philadelphia or Baltimore? I wish I could add Richmond to this list; but I believe recent events have rendered all expectations of such a character utterly vain. What city of the Union shall have the honor of establishing a medical university, with a sufficiently large corps of professors (a dozen if necessary) to teach every branch thoroughly, with a course extending through nine or ten months of the year, and requiring four or five years of instruction, including a thorough course of clinical medicine and surgery? Such a school would receive the patronage of a large number of young men honestly desirous of acquiring a thorough medical education before undertaking the serious responsibility of having committed to them the life and health of their fellow beings. It would be sustained by the medical profession of the whole Union, and its diplomas would be eagerly sought for as a passport to the confidence of the community where its graduates might commence their career.

But I have spun out this desultory sort of epistle to an inordinate length, and I must close with

Sincere regards from

Yours, very truly,

B.

To Dr. G. A. Wilson, Richmond.

Legalized Quackery.

Ought the Schools to withdraw Diplomas from Graduates who prostitute them to purposes of Quackery?—Ought there to be a Board competent to judge Cases of Malpractice?

A FEW days since we were summoned before the mayor's court of the city of Richmond, to give testimony in regard to the following case: A poor Irish woman, suffering from opthalmia, consulted an M. D. of this city, who is practicing two or three systems of quackery. No doubt she was allured by his extravagant pretensions, published in the city papers. He subjected her to the plan recently introduced here by an infamous northern imposter. The plan consists of the application of a wooden or metal cup, with a diameter a little larger than that of the eye. The bottom of this cup has a large perforation, at which is attached a hollow ball of vulcanized caoutchouc. This hollow ball is greatly pressed, by which means part of the contained air is expelled; the cup is applied to the closed lid, over the eye, and the pressure removed from the gum elastic ball. By this means suction is applied to the eye-ball.

Now it is well understood that when suction is applied to any part, there is immediately an increased flow of blood towards that part. In the instance above cited, when the blood vessels were already over distended by disease, means were used to increase that distension, and the ball, while in a morbidly sensitive condition, was subjected to painful pressure.

This practice was continued by the M. D. and his assistant for some weeks—perhaps months. At the end of this time, she presented herself to our inspection, with chronic inflammation of the cornea and conjunctiva, and almost total loss of vision. Poor creature! we were obliged to inform her that her case was nearly if not quite hopeless, and *rendered so by the grossest malpractice.*

This, however, was not all. She was sued by the M. D. for the sum of twenty dollars, the amount of his bill. We testified on oath before the mayor to the malpractice, and further, that our opinion would be sustained by nine out of ten of the medical profession. That worthy official, of course extremely puzzled by the task assigned him of deciding a point of malpractice in *medicine*, made the following sage reply: "Doctors will differ. If I were to summon ten doctors to attend a member of my family, they would very likely all differ." Now we think it ill becomes a member of the legal profession to taunt doctors with differing, for it is well known that that profession is one of continual difference among themselves. And yet the courts do undertake to decide which is in the right—they do undertake to decide on *the merits of the case.*

The hypothesis about ten doctors differing in regard to a case, we regard as unfair, for in the whole course of our practice we never met with such an instance, nor have we ever heard of such. Suppositions, to be made a ground of decision by a court of justice, ought at least to be in accordance with well established facts.

The magistrate next enquired whether the plaintiff were a regular physician, meaning thereby whether he possessed a diploma. The aforesaid assistant replied that he was a graduate of the medical school in Richmond. Then whether the witness knew that the doctor had administered any medicine, to which he replied in the affirmative. Thereupon the magistrate gave a decision for the plaintiff.

This case reminds us of one which lately occurred in New Jersey, where it is said a *state doctor, that is a man who had*

purchased the privilege of tampering with the health and lives of the community for a consideration, was arrested for obtaining money on false pretenses. It was proven that he professed to *cure disease by writing cabalistic words on bits of paper, to be swallowed by his ignorant, gullible patients.* The magistrate decided that he was practicing medicine according to the meaning and intent of the law!

In Virginia, the law prohibits any and everybody from practicing physic. No license is required for making shoes and coats, but the practice of physic must be guarded by a license. What is this guard which the assembled wisdom of Virginia has thrown around an employment affecting the dearest interests of her citizens? Shade of Solomon! listen! The payment of the paltry sum of five dollars into her treasury. Any ignoramus, imposter and swindler may call himself doctor, and defraud the citizens; and the state makes herself accessory to the fraud, for the contemptible consideration of the payment of five dollars into her treasury: unless indeed the doctor be a citizen of the state, and by a long period of labor and honorable conduct, have attained a practice yielding an income of four thousand dollars, which he has returned to his fellow citizens in payment for current expenses of himself and family, then the state extorts from him the sum of *fifteen dollars.* If he be a foreign quack, and perhaps an abolitionist to-boot, who has defrauded the citizens of twelve thousand dollars in a few months, to be carried away from the state, the state *magnanimously* lets him off with a fee of five dollars—*thus offering a premium to the foreign impostor.*

To return to the case which was the occasion of these comments. The doctor had been expelled from the society of alumni of the college where he graduated, on account of his quackery. These young men had thus promptly and indignantly wiped out the disgrace put upon their body by an unworthy associate. But what was done by the faculty who had signed his diploma, declaring him fully competent to practice medicine? Nothing whatever. He has repudiated

the principles and teaching on the faith of his acceptance of which his diploma was conferred; he has adopted a false but lucrative system, and then confirms the correctness of his practice, by bringing his diploma into court!

In our ignorance and simplicity in regard to law, we would ask whether the supposition of ignorance and quackery in regard to the plaintiff, was not one of more likelihood than the violent one entertained by the court? And whether the court was not bound to enquire into the malpractice when sworn to by a competent witness, and no opposing testimony was offered except that of the interested party himself?

But to return. Is it in the power of the colleges to save themselves from the disgrace of sanctioning imposture and the violation of ethics? The college of St. Louis has nobly responded to this question. She requires of her graduates to sign a written contract, whereby they forfeit their diplomas when convicted of a violation of the code of ethics. The diploma is conferred only on this condition.

Such also is the rule in the Medical Society of Virginia. The society, by a constitutional provision, reserves to itself the right to withdraw a diploma from a member who degrades it by prostituting himself to quackery, and it inserts a notice to that effect on the face of the diploma itself.

During the session of the American Medical Association at New York, one of the committees reported a resolution recommending the example of the St. Louis school to all other schools in the Union. But what was its fate? The professors of the schools pricked up their ears at some new restraint upon the almost unbounded license to graduate, and succeeded in suppressing it.

It was contended that a diploma, once conferred, could not be withdrawn; that it was bought and paid for, and consequently could not be retracted. But, it was replied, if the schools honestly desire to save themselves from disgrace, could they not insert a clause to that effect among the conditions on which the honor was conferred? Is not the practice in regard to the other two learned professions, law and

divinity, applicable to medicine also? May a lawyer be broke for malpractice, and a clergyman be degraded for heresy and immorality, and shall the doctor retain his title and privileges, although he may adopt the most absurd dogmas and the most mischievous practice? If the medical profession, as a body, were permitted to have a voice in the formation of the laws touching their profession, it would occupy a very different rank from that which the selfish regulations of the schools and injurious acts of legislators, engaged in other employments, and ignorant of its wants, have compelled it occupy.

Bibliographical Notices.

The Principal Forms of the Skeleton and of the Teeth. By Professor R. Owens, *F. R. S. &c. Philadelphia: Blanchard & Lea.* 1854. 329 *p. From the publishers, through A. Morris, Richmond, Va.*

It would be out of place for us to pass encomiums upon any work of this great physiologist. The work before us traces in a most clear and masterly manner the development of the various elementary forms of organic life in order to adapt them to the varied functions demanded by the mode of life for which they were designed. The following are the author's views of the development theory, which appear to us sustained by sound reason:

"A retrospect of the varied forms and proportions of the skeletons of animals, whether modified for aquatic, ærial, or terrestrial life, will show that whilst they were perfectly and beautifully adapted to the sphere of life and exigencies of the species, they adhered with remarkable constancy to that general pattern or archetype which was first manifested on this planet, as geology teaches, in the class of fishes, and which has not been departed from even in the most extremely modified skeleton of the last and highest form which creative wisdom has been pleased to place upon this earth.

It is no mere transcendental dream, but true knowledge and legitimate fruit of inductive research, that clear insight into the essential nature of each element of the bony frame work,

which is acquired by tracing them step by step, as *e. g.* from the unbranched pectoral ray of the lepidosiren to the equally small and slender but bifid pectoral ray of the amphiume, thence to the similar but trifid ray of the proteus, and through the progressively superadded structures and perfections of the limbs in higher reptiles and in mammals. If the special homology of each part of the diverging appendage and its supporting arch are recognizable from man to the fish, we cannot close the mind's eye to the evidences of that higher law of archetypal conformity on which the very power of tracing the lower and more special correspondences depend."

* * * * *

"Vertebrated animals of progressively higher grades of structure have existed at successive periods of time on this planet, and they were constructed on a common plan with those that still exist.

Some have concluded, therefore, that the characters of a species became modified in successive generations, and that it was transmuted into a higher species; a reptile, *e. g.* into a mammal; an ape, into a negro. Let us consider, therefore, the import and value of the osteological differences between the gorilla—the highest of all apes—and man, in reference to this 'transmutation hypothesis.' The skeleton of an animal may be modified to a certain extent by the action of the muscles. By the development of the processes, ridges and crests, the anatomist judges of the muscular power of the individual to whom a skeleton under comparison has appertained. A very striking difference from the form of the human cranium results from the development of certain crests and ridges for the attachment of muscles, in the great apes; but none of the more important differences, on which the naturalist relies for the determination of the genus and species of the orangs and chimpanzees, have such an origin or dependent relation. The great superorbital ridge, *e. g.* against which the facial line rests in fig. 50, is not the consequence of muscular action or development: it is characteristic of the genus *troglodytes* from the time of birth; and we have no grounds for believing it to be a character to be gained or lost through the operations of external causes, inducing particular habits through successive generations of a species.

No known cause of change productive of varieties of mammalian species could operate in altering the size, shape, or connections of the prominent premaxillary bones, which so remarkably distinguish the *troglodytes gorilla* from the lowest races of mankind. There is not, in fact, any other character than that founded upon the development of bone for the

attachment of muscles, which is known to be subject to change through the operation and influence of external causes. Nine-tenths of the differences which have been cited (see the Transactions of the Zoological Society, vol. iii, p. 413,) as distinguishing the great chimpanzee from the human species, must stand in contravention of the hypothesis of transmutation and progressive development, until the acceptors of that hypothesis are enabled to adduce the facts demonstrative of the conditions of the modifiability of such characters. Moreover, as the generic forms of the ape tribe approach the human type, they are represented by fewer species. The unity of the human species is demonstrated by the constancy of those osteological and dental peculiarities which are seen to be most characteristic of the *bimana* in contradistinction from the *quadrumana*."

To those who ridicule the attempt to express scientific truth by mathematical formula, and present trancendental inanities by way of shallow witicism, we commend the following dental formula:

$$\text{“}i\ \frac{2—2}{2—2}\ c\ \frac{1—1}{1—1}\ p\ \frac{2—2}{2—2}\ m\ \frac{3—3}{3—3} = 32\text{”}$$

* * * * *

“ The symbols of the teeth are fewer, are easily understood and remembered, render unnecessary the endless repetition of the verbal definitions of the parts, harmonize conflicting synonymes, serve as a universal language, and express the author's meaning in the fewest and clearest terms. The entomologist has long found the advantage of signs, signifying male and female, and the like; and it is time that the anatomist should avail himself of this powerful instrument of thought, instruction and discovery, from which the chemist, the astronomer and the mathematician have obtained such important results.” B.

On the Nature, Signs and Treatment of Childbed Fevers, in a Series of Letters addressed to the Students of his Class. By CHARLES D. MEIGS, M. D., *Professor of Midwifery and the Diseases of Women and Children, in Jefferson Medical College: Philadelphia, &c. &c.* 1854.

As the caption imports, Dr. Meigs has treated of these important subjects in a series of twenty-nine letters, forming a volume of 356 pages. The doctor having appeared on former occasions before the medical public, his style is no doubt familiar to readers, not only in this country, but also upon the other side of the Atlantic. His style is very unique; and as he himself tells us in his 15th letter, "many critics declare that I cannot write intelligible English, and would almost make me believe that my words are all gibberish and pedantry." That it savours somewhat of the latter quality, we are somewhat inclined to admit; but yet it seems quite natural to the man, and we are willing to confess that it is not distasteful to our ears. Nor are his pages devoid of eloquence, as all will allow, who will read his "description of a childbed fever case," detailed in the letter to which we have referred.

Dr. Meigs denies that there is any such thing as a childbed *fever*, as the word *fever* is generally understood; and he uses the term, only because it has met with general professional acceptation, while he "protests against its falseness." The disease denominated childbed fever is, according to him, in all instances a true phlegmasia, and consists of inflammation of the womb, of the uterine veins, of the peritoneum, of the ovaria, or "it is all the foregoing disorders united in one case, or any two or more of them combined together."

It is hardly necessary to say, that he laughs at the old-fashioned idea of any form of the disease being produced by a metastasis of the milk, and is equally incredulous as to its contagious character. It is sporadic or epidemic. In this oftentimes dreadful malady, the lancet is the sheet-anchor of his hopes. He is not a moderate bleeder; for he frequently reiterates the opinion that if the phlegmasia is not *speedily* reduced, the result may prove most disastrous—hence the quantity usually drawn varies, according to circumstances, from sixteen to twenty-five or twenty-six ounces. Cases occur in which it may become necessary to repeat the blood-letting. Purgatives, sudorifics and the *judicious* use of mercury, are also recommended.

We advise all who can procure them to read these letters. Their perusal will not be regarded as time misspent. There are but few of us who will lay down the book, and say that we remain uninstructed. H.

Bennett on Pulmonary Tuberculosis.

We have received from the publishers, Messrs. Blanchard & Lea of Philadelphia, through Mr. George M. West of the Exchange book store, the above late and valuable work on pulmonary diseases. From the slight examination we have been able to give it, we feel very safe in recommending it to the profession as a work of great merit, which ought to be in the library of every physician. We are sorry we are not able to give at this time a more full and extended notice of Dr. Bennett's work, but may do so hereafter.

Thompson's Clinical Lectures on Pulmonary Consumption.

This work, by Dr. Theophilus Thompson, has reached us from the publishers, Messrs. Lindsay & Blakiston of Philadelphia; also through the hands of Mr. George M. West. It is a fit associate of Dr. Bennett's work, and ought to be in the hands of all who have this most formidable disease to treat. With these works the profession will be guided most safely in all things relating to pulmonary consumption in all its phases.

Medical Education.

We delay much interesting matter, in order to copy from the 7th volume of the "Transactions of the American Medical Association," the report of its committee on medical education, made at its last annual meeting in St. Louis.

As the reader will observe, this report is from the pen of its accomplished chairman, Professor J. L. Cabell of the University of Va.

This gentleman is well known, as the active and efficient advocate, and not simply an ACQUIESCING friend of radical

reform in our defective system of medical education. His connection with an institution having the most thorough educational system in the United States, gives additional weight to everything coming from him on this subject.

It will be perceived, that a prolongation of the terms of instruction is made to lie at the foundation of all hopeful measures of reform. Dr. Cabell, with great patience, meets the arguments of the medical faculty of Harvard university in favor of short terms of instruction, and of course of superficial teaching. Professor Samuel Jackson of the University of Pennsylvania, long ago demolished all the arguments of these parties on this subject.

For our part, we cannot respect the intelligence, sincerity and candor of any man who denies that a material amplification and prolongation of the terms of instruction is not imperatively demanded by and an indispensable prerequisite to the maintenance of a respectable position by the medical profession.

Apologies may be offered for our present system. It may do to put money in the pockets of lecturers, but as a system for the training of young men imbued with the principles of science equal to the high responsibilities of the calling, it cannot be successfully defended, and ought not to be tolerated.

Dr. Cabell advocates a divorce of the teaching and licensing power, and the appointment of an "extra collegeate board of medical examiners."

A bill for the appointment of such a board was presented to the last legislature by order of the Medical Society of Va. The writer knows it had the hearty good will and active interest of Dr. C. in its behalf.

If others can be induced sincerely to advocate its passage, it may yet become a law of the state, and redound, in the highest degree, to the honor of the profession and the interest of our state schools. But we have not space to make further comments on this admirable paper.

We trust every line of it will be read and pondered by the medical profession. W.

Report of the Committee of the American Medical Association on Medical Education, made at its last Annual Meeting in St. Louis.

In view of the thoroughness of the discussion which the subject of medical education has heretofore undergone in the regular reports of appropriate committees, and of the reiterated expression of the sentiments of the association, that may be regarded as exponents of the now settled opinions of the great body of the medical profession in the United States, your committee have experienced no little embarrassment in selecting topics of remark which have not already become trite from frequent repetition. The precise line of duty of a standing committee on medical education was, indeed, indicated by the constitution, but the clause which prescribed the annual appointment of such a committee, and defined its duties, was stricken out of the constitution, by a vote of the association at the Charleston meeting in 1851; and when, at the next annual meeting held in Richmond, it was resolved "that special committees on medical education and medical literature be appointed, consisting each of five members," it was apparently the intention of the association to allow to future committees a wider latitude of discretion as to the scope and direction of their enquiries, than might have been consistent with the limitations imposed by the terms of the original law.

Under this construction of their powers, and in view of the fact just alluded to, that a very full and satisfactory body of information touching several points of interest connected with the general subject of medical education in the United States, as compared with that in other civilized countries, may be found in former reports included among the published transactions of this association, your committee have felt themselves authorized to abstain from any further discussion of such points, and to confine their attention to "such measures, prospective or established, in reference to medical education and the reputable standing of the profession, as they may deem worthy of special consideration."

The fact being universally admitted that the ranks of the medical profession are rapidly filling with young men very inadequately qualified, either as respects native endowments or positive attainments, for assuming the fearful responsibilities of their vocation—the practical questions which, as your committee conceive, demand their especial consideration, have reference to the particular features of the existing system of

medical education in America which are most instrumental in producing such a result, and to the most judicious, safe, and practicable means for remedying the evil. In the consideration of this question, the committee believe that they could not present the subject to the association in a more suitable form than by a recapitulation of the several particulars in respect to which the system of collegiate medical education in the United States has been the subject of unfavorable criticism, and by an enquiry in regard to the extent to which the measures hitherto taken by the association have had the result of removing or lessening the defects against which they were directed.

1. Among these defects, the want of a proper preliminary education on the part of a large, we fear a constantly increasing, proportion of medical students, has received the earnest attention of the committee. To this deplorable evil, the existence of which is so easily recognized by the unprofessional community, we may justly ascribe the diminished confidence accorded to regular physicians, and the "forfeiture of social position" that has attended the loss of the homage which the profession formerly received. To the same cause may be attributed, in some degree at least, the gradual lowering of the standard of professional attainments required of the candidates for graduation; since it cannot be otherwise than that such standard should bear some relation to the average talent and mental culture of the pupils. This subject was considered so important by the members of the national medical convention which met in New York in 1846, as to induce that body to appoint a special committee "to report on the standard of acquirements which should be exacted of young men, before being received as students of medicine." That committee addressed enquiries to thirty-six medical schools, as well as to several distinguished medical practitioners in different parts of the Union. From the answers received, it appeared that there was then no uniform standard of preparatory education exacted of medical students, but that the profession seemed to be alive to the want of such a standard, and desired one to be established by the convention. The enquiries of the committee further elicited the expression of a very considerable diversity of opinion as to the kind and extent of preparation which ought to be exacted, the standard of different writers varying from "a common school education" up to the highest collegiate attainments. The committee, in view of the want of any means of legal compulsion, thought there could be no hope of attaining any useful result by insisting upon a standard above the circumstances of the country and the times,

and recommended the establishment of "a uniform standard of preliminary education for medical students, which should be of a moderate character—in the first instance too low, rather than too high—and yet of such an extent as will insure both the knowledge and the mental discipline necessary to those who would enter a profession full of labor and responsibility, without excluding meritorious young men of limited means and opportunities." They then proceeded to specify the following standard as one which might reasonably be exacted of every young man who should apply to be received as a student of medicine: "A good English education; a knowledge of natural philosophy, and the elementary mathematical sciences, including geometry and algebra, and such an acquaintance, at least, with the Latin and Greek languages, as will enable the students to appreciate the technical language of medicine, and read and write prescriptions." It must, we think, be conceded that the standard thus recommended by the committee and adopted by the Philadelphia convention, in May 1847, with an evident desire to effect a gradual reform by gentle and safe methods rather than to make bold and radical changes, was in all respects moderate and reasonable. Your committee have not the data necessary for the formation and expression of a positive opinion as to the extent to which this or any other standard has been exacted of young men wishing to enter upon the study of medicine, either under private preceptors or in collegiate classes. So far, however, as their information extends, they have reason to fear that there has been but little if any real reform in regard to this matter during the seven years which have elapsed since the action of the Philadelphia convention. There are, however, gratifying indications of future improvement. Thus, the report of Dr. Pitcher, at the last annual meeting of this association, makes known the fact that "it is in contemplation," by the authorities of the University of Michigan, "to exact the same preparation for admission to the medical department as is now prescribed for membership in the department of arts." At a recent meeting of the Medical Society of Virginia, held April 6th, 1854, the following resolution, offered by the retiring president, Dr. Atkinson, was unanimously adopted:

"Resolved, that the members of the society now present, do hereby pledge themselves to each other, that they will not receive under their instruction, as a student of medicine, any individual who may be grossly deficient in either mental or moral endowments, or in that preliminary education which is necessary to fit him for entering a profession requiring high intellectual and moral qualifications; and that we respectfully

and earnestly recommend to our brethren throughout the state to adopt a similar rule of action."

Your committee do not doubt that the faculties of all the most respectable schools of medicine in the Union, are truly anxious to conform to the recommendation of the association in respect to this measure of proposed reform, and would cheerfully submit to some pecuniary sacrifice, if there were a reasonable guarantee that the desired end could be thereby attained. But as the imposition of rigorous conditions of matriculation by a few of the schools will, it is believed, have no other result than to drive a large proportion of their students to such other institutions as will exact from the candidates for graduation but slender requirements of labor and of learning, it seems scarcely reasonable to hope that, under existing circumstances, the principal medical schools should adopt a policy which threatens to prove so ruinous to their interests, while it offers no compensating advantage to the profession at large.

Moreover, in some of the medical colleges the faculty is not clothed with the authority of prescribing the conditions of matriculation. This is the case with the medical department of the University of Virginia, which is owned and supported by the state. The government is lodged in the hands of a board of visitors appointed by the governor of the state; and no member of the faculty has a voice in their deliberations. All that the faculty have to do, with reference to the point under consideration, is to dissuade young men whose preliminary education is known or believed to be defective, from entering the medical department until further and more satisfactory preparation shall have been made. In such cases the student is either transferred to some of the academic classes, or permission is granted him to withdraw entirely from the institution. In no instance has the faculty refused permission of withdrawal, with a return of tuition fees, to a recent matriculate, whose preliminary education has been shown to be defective, provided he would pledge himself not to matriculate in any other medical school until he should have duly qualified himself for the study of medicine by appropriate preliminary mental culture. If it be asked whether this system of moral suasion suffices to eliminate all the defective material of a large class of fresh matriculates, we are constrained to reply that it is far otherwise. Quite a large proportion of the members of the class in each year are very inadequately qualified for commencing their medical studies, and not a few incapable of ever becoming so.

Is there, then, no remedy for an evil which has done so

much to dishonor a profession once noted for the profound and varied learning of its members? Your committee are of opinion that it would be premature to come to so discouraging a conclusion. They do not yet abandon the position which was ably sustained by the late Dr. Parrish, in a report made to the Philadelphia convention, that "the influence of combined and harmonious action, directed to a special object, by the great body of the profession, is a power more potent than that exercised by legislatures, or by the corporations they may create." The operation of such an influence is, however, slow, and we should not be impatient if ample results are not rapidly attained. One of the instrumentalities through which it operates is gradually being brought to bear upon the solution of the difficulties which thwart the attempts that have hitherto been made to introduce this and other measures of medical reform. We allude to the organization of state and county medical societies, the manifold usages of which agencies are too obvious to require exposition.

2. A second alleged defect of the "American system" is the shortness of the term of lectures. A resolution adopted by the convention held in Philadelphia in 1847, recommending an extension of the term, in all the medical schools, from four to six months, has been repeatedly sanctioned by the association. A few of the schools promptly complied with this recommendation, but a part of them, as we are informed, have since found it expedient to abandon the experiment, and to resume their former practice. This fact illustrates the difficulty attending every attempt to carry out any very decided measure of reform, on the part of a few of the schools, while the majority refuse to co-operate. Unfortunately, there exists a difference of opinion as to the advantages of the proposed extension of the term. It will be remembered that the medical faculty of Harvard university, presented to the association at its second annual meeting, held in Boston in 1849, a formal defence and advocacy of the four months' course, in preference to a more extended term. The faculty of the medical department of Pennsylvania college, in replying to a circular of the committee on medical education for the same year, appear to have taken a similar view. They assume that the "American system" of medical education consists in the instruction derived from "private preceptorship mainly," "with the college and hospital as its complement;" and argue that "either we should labor to perfect that system according to its idea, or we should abandon it for another as radically wrong. Any attempt to alter or amend it, according to an essentially distinct plan, will prove a ruinous patching."

They further express the "fear that the recent so-called reform agitation tends to loosen the connection of the preceptor with his pupil, and to lessen his responsibility without adequately supplying the loss;" and contend that "such must be the effect of any considerable increase in the course of lectures." The committee do not deny that there is some plausibility in this view of the subject, and that some of the arguments advanced have force in their application to the prevalent system of medical education in this country; but they are far from acquiescing in the conclusion that no reform in this respect is needed. They would rather adopt the alternative presented in the argument last cited, and conclude a system which regards the plan for instruction by public lectures "as subordinate and subsidiary" to private instruction, "as radically wrong." This system takes it for granted that even the first-course students have "read" with a private teacher prior to their attendance on lectures. But when it is borne in mind that the fundamental branches of medical science, on which the whole superstructure of professional education must rest, are precisely those which require for their proper and successful exposition, the use of such appliances of demonstration as can be supplied by public institutions alone, it will be admitted that such preparatory "reading" is not always advantageous, and may be injurious. A medical student, reading in the office of a physician residing in a rural district, cannot enjoy the advantage of studying practical anatomy. Hence, most of his reading is on the subjects of practical medicine and surgery, in which he forms the most vague and erroneous notions with regard to the structure and laws of action of the organs, the diseases of which he is studying; and such notions do not always easily give place to the simple truth, when this is subsequently presented. In cities and the larger towns, the case is admitted to be often different. There, the pupils may have access to hospitals and dissecting rooms, and there, too, organized voluntary associations of private teachers supersede, almost wholly, the old system of instruction by a single teacher. Such associations are, however, medical schools in all but the name, and thus do not, in point of fact, constitute a real exception to the principle on which we would insist. Not being entitled to confer the diploma, and basing their claims on the confidence and patronage of the more aspiring students, or the thoroughness of the instruction they offer, many of them give a more full, and especially a more practical course than is required in the regularly incorporated medical colleges. Such private schools are admitted to be most valuable aux-

iliaries in the cause of medical education, and are entitled, in the opinion of the committee, to an encouraging notice from the association. It would, however, be wise, in view both of a judicious economy, and of the likelihood of thereby insuring the largest amount of practical benefit from the educational instrumentalities at the command of the American medical student, to assign to those auxiliary organizations such work only as cannot be adequately performed by the incorporated schools with larger classes—"such as demonstrations on the part of the student, instead of the instructor, but still under his superintendence and direction;" the actual performance of surgical operations on the dead body; chemical manipulations; the use of the microscope; and clinical instruction, truly so called, which is the study of diseases at the bedside, cases being watched from commencement to end, with special attention to the use of the physical means of diagnosis in diseases of the lungs and heart. Such instruction as this is of inestimable importance. It cannot be given by lectures alone. The student must practice for himself, under the supervision and direction of a competent teacher; and only a class of limited number can receive adequate attention from one instructor. Such instruction should, therefore, be the appropriate work of a corps of teachers auxiliary to the public schools. From its very nature it can be profitable only to advanced students. In the opinion of your committee, it should follow, rather than precede or accompany, the instruction imparted in the public schools. The latter should consist mainly in a didactic exposition of the elementary principles of the medical sciences. In this view of the subject, the committee are inclined to believe that very great advantage would result from an extension of the course of lectures to even a longer term than that heretofore recommended by the association. In addition to the very obvious evil of crowding six or seven lectures into the compass of a single day, another striking objection to the present system lies in the fact that the practical branches of medical science are of necessity unfolded to the student before he has had an opportunity of becoming acquainted with the elementary principles upon which they are mainly based. For example, his attention is directed to, and his mind bewildered with, an intricate account of the causes and varieties of convulsive diseases, before he has obtained any useful degree of knowledge of the anatomy and physiology of the nervous system, upon which the prevalent doctrines as to the pathology and rational therapeutical indications of such diseases entirely rest. If the term of lectures were extended, it would be

possible to diminish the number of lectures for each day, and to make such a distribution of the several branches as would insure an opportunity for the thorough study of the anatomy and physiology of every organ, before the attention of the student should be directed to its pathological states, while several hours would be appropriated to private reading and reflection, and to the practical study of anatomy by means of dissections by daylight.

Regarding, then, "the American system" of medical education by "private preceptorship mainly," at least as that system is carried out in the rural districts, and consequently, for a large majority of American students, "as radically wrong," your committee would advocate the substitution of a plan which would bring the whole circle of *elementary* medical education within the province of the schools. It has already been intimated that your committee assent to the truth of some of the general principles set forth in the argument of the medical faculty of Harvard university, against the extension of the term beyond the period of four months. The fallacy, as we conceive, lies in the application of these principles. We have no hesitation in admitting the truth of the statements contained in the following extracts. "No course of lectures, however prolonged, can give complete instruction in any department of professional study." * * * * "Lectures cannot communicate all the knowledge of the profession; they cannot approach this." * * * * "The great purpose of lectures should be, to teach the student to learn for himself. They are not to take the place of private, individual study, but to inform the pupil how that study may be pursued to advantage. Much may be done by the teacher, in this way, to develop the principles according to which medical investigations are to be pursued; to teach the student right modes of thinking, reading and observing; to aid him in forming just views of the proper objects of enquiry, by laying before him examples of the best ways of getting at the truth." * * * * "Learning is a thing which no man can do for another; the weight of education must fall upon the learner; what he does not get, and make his own, by the active exercise of his own powers, he does not get at all; he must not merely receive, he must take." * * * * "It is further to be observed that a disproportioned dependence upon lectures as on means of instruction is likely to beget injurious habits of mind in the student. The object of the teacher is, or should be, to present the truths he wishes to enforce, and the knowledge he seeks to impart, in a form as attractive as the nature of the subject admits, in order to engage and keep

up the attention of the student. Hence, although the student may listen with interest, he does it without effort; his mind is not actually employed." With the exception of the last paragraph which, as asserting that it should be the object of a lecturer to present his subject in so attractive a form as to dispense with the necessity of active effort on the part of the student, conveys a most mischievous error, the force of the foregoing remarks cannot be denied. But it should be observed that they may apply as well to private teaching as to instruction by public lectures; and that, in either case, they apply to the abuse alone and not to the right use of the system. It especially deserves notice that the abuse in question is almost necessarily incidental, not to the lecturing system, but to the short term system, and might be more easily avoided if the proposed extension of the term were generally adopted. The weight of education must fall, unquestionably, upon the pupil; and any system, whether that of public lectures or private preceptorship, which aims to dispense with constant and hard labor on the part of the pupil, is mischievous in proportion to its success. The question is not whether teaching by lectures be better than active, personal study, since these are by no means incompatible, but whether personal study will be most advantageously aided and directed by a judicious course of instruction by lectures, or by "private preceptorship mainly," with "the school as its complement." The medical faculty of Harvard university, though intending to address themselves to the latter question, have, in reality, only discussed the former, all the while assuming the existence of an antagonism between the system of teaching by lectures, if the course be too prolonged, and the habit of active personal study. Your committee do not admit that such antagonism exists. On the contrary, they are firmly convinced that "the active, practical discipline of the mind" is one of the most certain results of the right use of the system of teaching by lectures. Indeed, we have always thought that it was the failure of the old system of exclusive text book study and recitation to secure this practical discipline of the mind, that led to the adoption, in all the higher institutions of learning in Europe and America, of the practice of public lecturing. Under this system the intelligent student, following in the train of thought pursued by the lecturer in his discussion of doubtful questions, in his analysis of complex phenomena, and in his inductions of general truths from particular facts, learns to perform, for himself, the works so difficult to those who have only studied by a mechanical

routine of unreflecting labor, of critical analysis, and inductive generalization.

In order, however, to insure the full success of this system by a right use of it, and by preventing that abuse which is truly obnoxious to the criticism of the medical faculty of Harvard university, and which, unhappily, is too prevalent, it is indispensable that searching examinations should be given, each day, on the lectures of the preceding day. It is this combination of the two systems which is productive of the most wholesome results. Those who have had experience in this matter know how wonderfully the faculties of the mind are stimulated in listening to a discourse on the topics, arrangements, and illustrations in regard to which we expect to undergo a public examination. It is objected that "such examinations amount to very little" when the class is large and each student is examined at long intervals only. As a test of the industry of an unwilling student who is to be stimulated *only* by the fear of disgrace, these examinations would, it is admitted, amount to very little. But it is a great mistake to assert that, as a means of instructing students of average capacity and ambition, their usefulness is much impaired by the large size of a class. A particular question, although addressed to an individual, is nevertheless heard by all, and they may mentally answer it, comparing their respective answers with that of the reciting pupil, or with the explanations made by the teacher. Thus, all may derive equal benefit with the person who alone was questioned. Nor will there be wanting a sufficiently potent stimulus, in the case of the candidates for graduation, in those, at least, who know that although they may not have to take part in the recitation of the day, they may be called upon to answer the same questions at their final examination. If the teacher propounds his questions, as certainly he should, in such a form as to throw upon the student the burden of analyzing a complex subject submitted to him for elucidation, it is impossible to exaggerate the benefit which the latter may derive, both in giving precision and completeness to his knowledge of the particular subject, and in the mental discipline which is incidental to the process employed in its acquisition. It must be evident that such examinations will be more useful if conducted by the lecturer himself, than if left to the performance of a third party, especially if the latter did not himself hear and enter into the spirit of the lectures. Your committee perceive much to condemn and little to approve in a system which throws the whole responsibility of the application of

this important instrumentality of instruction, upon a class of "Grinders," the extent of whose popularity is measured by the success with which they prepare a pupil to pass his examination with the minimum expenditure of time and labor, and consequently with the smallest amount of actual attainments.

The feasibility and the value of the system which is here recommended, have been tested in the medical department of the university of Virginia by an experience of a quarter of a century. In this institution the term of medical lectures is of the same length as the academic session, namely, *nine months;* and never are more than three lectures delivered on any one day. Each lecturer, however, occupies an hour and a half for lecture and recitation, the latter exercise consuming about one-third, or between a third and a half, of the whole time. The class of medical students is about one hundred and twenty-five in number. Of these not more than twelve or fifteen, often not so many, recite at the same time; and yet there is not the slightest ground for believing that the average dividend of benefit to each student is less now than it was ten years ago, when the number did not exceed forty or fifty. We learn that this system is in successful operation in the medical school of Winchester, Virginia, and in the medical department of the university of Michigan. An exposition of some of the peculiar features of the last named institution, as contained in the report of Dr. Pitcher, read at the last annual meeting of the association, appears to have met with the unqualified approbation of the members then present. Let it be observed that most of those peculiar advantages are incidental to the long term system, and to that alone.

It will doubtless be considered a serious objection to the proposed reform, that, inasmuch as the more trifling extension of the term from four to six months has not been generally accepted, there can be but little hope that a more radical change in the same direction will meet with favor. The committee are not unmindful of the difficulties which are inseparable from every attempt to make sudden and extensive changes in any system which is of long standing, and the perpetuation of which is supported by manifold real or imaginary interests. But, on the other hand, they do not believe that the difficulty of procuring the adoption of this reform in many of the centers of medical education, will prove to be insuperable. They do not suppose that more than a very few of the existing medical colleges will adopt a system so radically different from that in connection with which they have enjoyed, and continue to enjoy, a large measure of public

patronage; but they do believe that new institutions, the incorporation of which, by legislative authority, the profession is utterly powerless to control, will be induced to make an experiment, the success of which, as regards the thoroughness of the instruction given to the pupil, cannot be doubtful. At all events, the committee feel it to be their duty to recommend such a system of medical education as, in their opinion, may comport with the existing state of the medical sciences, and satisfy the reasonable demand of the profession, rather than to speculate upon the probabilities of its adoption by the medical schools of the Union. If it is true that the profession has ceased to be an educated class, and no longer occupies that elevated position in public confidence which was once accorded to it, we conceive it to be more important to indicate the probable sources of this deplorable degradation, and the means of real and effectual reform, than to enquire what the schools are willing to do, in an emergency which they have been largely instrumental in producing. We hasten to add, that for the attainment of the advantages of that feature of the proposed reform which consists in the extension of the term of lectures, we do not consider it essential that it should be universally adopted. We shall presently express our views with reference to the means by which a higher grade of general and professional attainments shall be rendered indispensable for him who seeks an admission into the ranks of the profession. If this be secured, it will be a matter of comparative indifference by what means the result may have been accomplished in any given case. For that class of students who reside in our cities, and enjoy the advantages of private instruction by competent and zealous teachers, possessing all the necessary appliances for practical illustrations, a shorter course of public lectures may not only be sufficient, but in some instances preferable. But as respects that far more numerous class of students who come from the rural districts, the case is very different. Many of these pass the interval of eight months, between the end of the first course and the commencement of the second, in desultory reading, and without the benefit of suitable instruction or guidance. This course cannot be otherwise than detrimental; and, for the benefit of all who pursue it, an extension of the term is urgently needed. The committee would therefore suggest the expediency of some action on the part of the association, by which encouragement will be held out to such schools as may be willing to make trial of a reformatory plan, the general features of which are as follows: 1. The extension of the term to eight months, with not more than four lectures per

diem at any period of the course, and not more than three during the dissecting season. 2. The exclusive assignment to such schools of the whole ground work of elementary medical education, and the subsequent transference of the advanced pupils to schools, whether private or public, in which they should be taught to make practical application of the principles which they had previously acquired.

The increase of expense necessarily dependent upon the acquisition of a medical education under such a system, constitutes a real difficulty; but, after much reflection, the committee are of opinion that no adequate reform can be obtained without some additional pecuniary sacrifice as well as mental labor on the part of the student. If the association possessed the means of compelling the schools to adopt this system, the committee would regard it as inexpedient to exercise such prerogative. It has been seen that very different views are entertained by the faculties of some of the most respectable institutions of our country. Their frank avowal and earnest defence of those opinions cannot fail to command our respect, how widely soever we may dissent from their conclusions. But let others who may be disposed to make trial of the proposed reform, be encouraged to do so; and then let the tree be judged by its fruits.

3. The omission, in the curriculum established by many of our medical colleges, of one or two important branches of knowledge, is an evil which, in the present state of the medical sciences, and in view of the relations of the medical profession to society, imperatively calls for redress. Your committee are fully aware of the arguments which may be advanced against large additions to a curriculum already disproportionate to the short term allotted to the course. They would not, therefore, for the present, recommend any considerable additions. They would, however, insist upon the urgent necessity of embracing in the regular curriculum the study of physiology, and of medical jurisprudence, both of which are omitted in many of the schools. In a large proportion of these institutions, physiology is assigned to the professor of special anatomy, whose other duties preclude him from the possibility of doing more than merely stating the office of each organ, without enquiring into the conditions of its action, and consequently without elucidating the general laws of vitality. The gradations of organization throughout the animal series, furnishing, as they do, the data upon which most of the inductions of human physiology are based, and therefore felicitously characterized, by the great Cuvier, as so many experiments made for us by nature herself, should be

understood by every student of medicine. The study of the outlines of comparative anatomy, as a part of a complete course of instruction in physiology, has an importance which can scarcely be overrated. It may be urged that while this position holds good with reference to those who are to undergo a process of training for the prosecution of original researches, it will suffice for the great body of students, whose object it is to prepare themselves to practice the healing art with credit and success, to adopt, upon the authority of others, the general principles of physiological science. But this is just the kind of instruction which we hold to be not only valueless but detrimental.

It is the unanimous testimony of all competent teachers, that they experience much difficulty in placing their students in a position to appreciate an abstract principle or general truth, in any other way than by leading them successively along the several paths which converge to that central point. A pupil may commit, *memoriter*, the words in which a general truth is enunciated; but he not only finds it difficult to retain them in his memory, but he derives little benefit even if that difficulty be overcome. The acquisition does not truly become a part of his mental furniture, and is not appreciated as the living truth. But let him be made to apprehend the reality and the significance of the particular facts upon which the induction is based, and to form the conclusion by the spontaneous exercise of his power of generalization, and the truth will strike upon his mind with all the vividness of a personal experience, while the intellect will be invigorated and rendered more acute.

All who have had an opportunity of observing the discreditable figure made by medical witnesses who are subjected, by ingenious barristers, to a searching cross-examination before courts of justice, need no other proof of the desirableness of ample and exact instruction in the principles and facts of medical jurisprudence, as a part of the collegiate training of medical students. Setting aside, then, the higher and more binding motives connected with the conscientious convictions of duty, the sense of disgrace attached to scenes in which, by a public exhibition of deplorable ignorance on the part of a witness, not only he, but the profession to which he belongs, is exposed to ridicule and contempt, should suffice to induce the members of this association, collectively as well as individually, to use all legitimate means to reform this evil.

In many instances, an attempt to enlighten the court and to subserve the purposes of justice, most signally and to the great surprise of the bench, the bar and the spectators, fails.

Such failures sometimes occur to medical men accredited by the community in which they live as men of intelligence, learning and worth, and arise from preposterous attempts to give, upon the spur of the moment, ample and satisfactory information in regard to points the proper elucidation of which would require a careful examination of authorities, and perhaps an exact numerical analysis of well authenticated cases the records of which are scattered through a number of volumes. Again, it not unfrequently happens, that the problem submitted to the witness for immediate solution is one, which is not only without a parallel in his own experience, but has not been solved by the observations of others. In such an emergency, the strictly conscientious witness will avow his ignorance; and if the question be one susceptible of elucidation by experiments, or by direct observation, and he be an expert, he will demand time for making such investigations. But the association needs not to be informed with what readiness the half-educated physician yields to the temptation of making a hasty application of his knowledge, and ventures to express his crude opinions with the positiveness which he finds to be expected of him, and which the counsel, perhaps quite as anxious to support their cause as to elicit truth, seek by every means to provoke. The opposing counsel arrays against such opinions, the equally dogmatic assertions of a rival practitioner, until both are discredited, and reproach and contempt are brought upon the members of the profession as a class. The first and most effectual remedy for such disgraceful occurrences, is to impress upon the minds and consciences of medical men the folly and guilt of expressing positive and hastily formed opinions upon doubtful or obscure analogies, and the expediency and duty of confessing an inability to satisfy the desire of the court in all cases in which an authoritative decision is not warranted by their own experience, or by the unquestioned experience of reliable observers. But it is undeniable that the occasions for making such avowals will occur far less frequently to the man who is well instructed in the principles of medical jurisprudence, than to one who, though equally well versed in the other departments of professional learning, has paid no attention to that study as an independent branch of medical science. For, although it is true that a very large proportion of the questions arising in medico-legal enquiries are connected with facts of anatomy, physiology, hygiene, pathology and obstetrics, yet these facts require a very different application from that which is made of them by the practicing physician, in the ordinary exercise of his professional calling. Your

committee, therefore, regard it as essential to the welfare of society, and to the reputable standing of the profession, that medical graduates should be required to exhibit satisfactory proof of their acquaintance with the leading facts and principles of forensic medicine, and that they should be impressed, by the precepts of their teachers and by the example of their seniors in the profession, with a due sense of the solemn responsibilities of a medical witness.

4. The profession objects, with much reason, to the entire neglect or very imperfect use of clinical instruction in many of the medical colleges of the United States. As respects some of these institutions, the defect is irremediable, owing to their location in villages too small to furnish subjects for hospital practice. And in some of our larger cities, the seats of the oldest medical colleges in the Union, the hospitals are either entirely inaccessible to the student, or are opened to him under such restrictions as to make it a privilege of little value. In such cases, the schools have been driven to the necessity of finding a substitute in what are termed "college clinics." But even where no other impediment hinders the students from visiting the hospitals daily, those who attend six lectures each day in the college, and are also engaged in the study of practical anatomy in the dissecting room, can find little time or disposition for such clinical observations as will be of any value to them. Hence, it is only the small minority who remain in the city during the summer and autumn that truly derive any profit from the facilities for clinical observation which the city hospitals may afford.

We have almost invariably found that, among even this class of students, only those who have previously graduated can be induced to read, in connection with their clinical observations, the class of books which constitute the elucidators of disease. The undergraduates feel themselves constrained, by the prospect of a coming examination, to confine their reading mainly to the elementary text-books. In view of such facts, your committee express their hearty concurrence in the position taken by Dr. Pitcher, in his report, and endorsed by the vote of the association,—"That a familiar knowledge of the elements of medical science should precede clinical instruction." This course is practically adopted by a large number of the better class of medical students, who pursue clinical studies for a period of from one to three years *after graduation*, either in the hospitals of our own cities, or partly here and partly in Europe. Having dissolved their connection with the schools, in which elementary instruction alone can be adequately given, and in which the second-

course students pursue precisely the same studies as those who are attending lectures for the first time, they properly lay aside elementary books, and substitute, in addition to systematic "clinical guides," the published records of the clinical observations of those careful and reliable observers who have done so much towards giving precision and certainty to modern pathological doctrines, by authenticating the data upon which they are based, and clearing away the immense rubbish of "false facts" which, as much as aught else, had retarded the progress of medicine as a positive science. By the aid of such accurate clinical reports, carefully studied in connection with the actual observation of cases at the bedside, the intelligent and earnest pupil may add to his own personal experience that of all the eminent clinical reporters whose works he may read. The descriptions there given of the daily progress of the symptoms, and the effects of remedies, can scarcely be appreciated without the aid derived from an examination of cases of the actual disease; but with this aid, that familiar law of our mental organization in accordance with which vividness is imparted to our conceptions by being associated with sensible objects, is brought into operation, and the reported cases rise before the mental vision with the clearness and distinctness of reality.

In immediate connection with this topic, the committee would again invite the attention of the association to the importance of other branches of medical science which may be studied practically. We may specify practical chemistry, the use of the microscope as an instrument of research, and as furnishing data upon which a differential diagnosis may be based, practical midwifery, and operative surgery. It is a fact which may well elicit our mutual congratulation, that efficient instrumentalities for thorough practical instruction in all these branches, are being brought into operation in various parts of the Union. The advertisement of "the New York preparatory school of medicine" is now before us. Such associations, if they fulfill their promise, will deserve the encouragement of the profession. We think, however, that the use of the term "preparatory" may mislead the public, to the detriment, perhaps, of these auxiliary schools. All instruction received by a pupil is preparatory to the great business of life; but in no sense can such instruction as these schools propose to give, be considered preparatory for that of the incorporated schools. The latter is elementary, and should precede the practical. We shall presently consider, under another head, the objection that may be raised on the score of the difficulty of inducing many students to apply for such

instruction, after having received the diploma which entitles them to practice medicine and surgery.

5. This last remark suggests the consideration of the most flagrant and mischievous of all the defects of American medical schools, and the correction of which is essential to the attainment of much or any benefit from any other projected measure of reform. We refer to the disgracefully low standard of professional knowledge and general mental culture exacted of the candidates for the degree of doctor of medicine. There is, we fear, no reason to believe that any degree of reformation in respect to this evil has hitherto resulted from the reform agitation which has occupied so large a share of the attention of the profession during the last eight years. On the contrary, it is believed that in some of the most respectable colleges of the country which have manifested a disposition to adopt several of the measures of reform recommended by the association, a sort of compensation for the new exactions has been allowed to the unaspiring student, by lessening the rigor of the examination for graduation. It is in view of such facts, that we desire to fix the attention of all our fellow-members of the association upon the importance of greatly elevating the standard of attainments which should be exacted of candidates for graduation, before any practical benefit can be expected from the other projected reforms which have repeatedly been sanctioned by our votes.

The evil in question having originated, in a great measure, in the active competition of rival schools, some have contended that it can only be remedied by diminishing the number of these institutions. If this were so, we should be obliged to abandon all hope of relief, and submit to a perpetuity of disgrace; for those institutions now possess chartered rights, which it cannot be expected that they will relinquish. Nor is it probable that more good than harm would ensue from a diminution of the number of the schools. If students could obtain admission into the ranks of the profession *only* after giving such satisfactory proof of attainments and mental discipline as would test the thoroughness and the judicious character of the instruction they had received, the rivalry between the separate schools would consist in efforts to elevate the standard of medical education by enlarging the curriculum with the progressive advancement of the medical sciences, and by perfecting the means of illustration and exact demonstration. The only available remedy, then, in the opinion of the committee, is the establishment of boards of examination, distinct from the faculties of the schools. It does not suffice to have a committee of the state society present at an exami-

nation conducted by the faculty of the school. The desideratum is to have a uniform standard throughout the Union, or throughout the limits of each of those states in which such a board may be appointed.

This scheme, of a divorce between the teaching and the licensing powers, meets with no favor from many of the most zealous friends of medical reform, some of whom found their objections to it upon the presumed impossibility of securing the necessary action of the state legislatures, while others insist upon the inexpediency of committing the affairs of the profession to the control of partisan politicians. These difficulties need not, we think, stand in the way of effecting the desired object. In those states in which a diploma from a regular college, or a license from the state society, is required to legalize the practice of medicine, as, for example, in New Jersey, we presume that there will be little or no difficulty in assigning the matter altogether to the society. In those states, on the other hand, in which there are no laws regulating the practice of medicine, and where, consequently, the collegiate diploma has no legal character, its value being solely due to the popular appreciation of it as a certificate of professional attainments from those who are supposed to know the character of the graduate, and are presumed to give truthful testimony, it seems reasonable to believe that the united voice of the profession would be as potent in exacting the possession of a license from an extra-collegiate board of examiners, duly appointed in conformity with a general plan sanctioned by the American Medical Association, and adopted in all the states of the Union, as it now is in inducing young men to procure a collegiate diploma which is not necessary to legalize the practice of their vocation. At first, no doubt, many would shrink from undergoing a test the result of which might be doubtful; and such persons would endeavor to magnify the value of their collegiate diploma, and to underrate the importance of an additional license; but all the better class would cheerfully present themselves before the licentiate board, and others would soon find it to be their interest to do the same. Moreover, the reflected influence upon the schools, in inducing them to elevate their standard lest they should be discredited by the wholesale rejection of their graduates by the licentiate boards, would be of immense service, although a majority or a large proportion of their graduates might refuse to undergo the additional test. This is precisely the way in which we expect the plan to work most favorably for the cause of medical education.

After many years of anxious reflection upon this subject,

the committee feel a strengthened conviction that the scheme is feasible, and that, at the least, it deserves trial. The members of the medical profession in Virginia have, by a large majority of their representatives in a state convention held in Richmond, in December 1846, and in several successive annual meetings of the state society, expressed their conviction of the necessity and the practicability of this measure. The faculties of the medical schools of the state have repeatedly and publicly avowed their acquiescence. Honest differences of opinion exist in respect to the propriety of several of the measures of reform recommended by the association. Let all unite in carrying out this scheme, and all other measures will settle themselves. The committee are happy to perceive that this subject was brought to the notice of the association at the last annual meeting, by the retiring president, Dr. Wellford, in an able and eloquent valedictory address. His views appear to have been received with favor, if we may judge from the passage of a resolution to refer this subject to a special committee of which he should be the chairman. We have been informed by Dr. Wellford that he will not present his report until the meeting of next year; and this fact seemed to justify a more extended notice of the subject by this committee, than might, otherwise, have been admissible. We look with confidence to the forthcoming report from that gentleman, for a convincing demonstration of the advantages of the proposed reform, and for the suggestion of a practical mode of insuring its efficient operation.

To illustrate the position assumed by the committee, that, provided the examinations which are intended to test the fitness of the candidate for admission into the ranks of the profession be sufficiently rigid, great latitude of discretion may be safely allowed to the schools in regard to other measures of reform, they would again make a brief allusion to the experience of the medical department of the University of Virginia. It was a favorite policy of Mr. Jefferson, the founder and until his death the rector of the institution, to make actual qualifications, as tested by numerous and rigid examinations, the only requirement for the attainment of collegiate honors. His aim was to *raise*, and not to lower, the standard of education in all the departments of university instruction; and, with this end in view, to require the most positive and unmistakable evidences of attainments, rather than a specific number of courses of lectures, as a condition of graduation. Every precaution is taken to prevent the possibility of the abuse of this system. The qualifications of the candidates for graduation are estimated by reference to the results of the

daily oral examinations in all the classes, of which a numerical record is kept, and especially by reference to the results of "seven written examinations for graduation," held near the close of the session, and occupying each the greater part of a day. These examinations are conducted by a committee of the faculty; and the students, besides being under the view of this committee during the whole time, are required to certify upon their honor that they have not received assistance of any kind in writing their answers. The rigor of these examinations and the high degree of the standard exacted from the graduates, may be inferred from the fact that, while all the matriculates are permitted to become candidates, and about five-sixths do usually announce themselves as such at the commencement of the session, the number of actual graduates is far smaller than in any other American school, being between a sixth and fifth of the class. Another result of this system, and one which might not have been so certainly expected, is the irrepressible eagerness manifested by the graduates for a grade of clinical instruction, to be enjoyed elsewhere, which in its extent and accuracy shall conform with the thorough elementary instruction which they have just completed. Almost immediately after the close of the session at the end of June, a majority of these graduates reunite in the large cities to prosecute clinical studies under the guidance of approved practical instructors; and both there and elsewhere they are noted for the zeal with which they seek appointments as resident pupils in hospitals, their career in respect to this matter illustrating the truth of the position sustained in Dr. Pitcher's report, "that a familiar knowledge of the elements of medical science should precede clinical instruction."

6. In accordance with what appeared to be the intention of the association in assigning the consideration of the subject of medical education to a special committee each year, your committee for the present year have considered themselves as virtually instructed to direct their attention mainly to those defects which seemed to be specially inherent in the "American system," and to the remedial measures that have been suggested from time to time. In the enquiry into these subjects, regard has been had exclusively, or almost exclusively, to but one of the offices of a place of professional education, that, namely, of imparting an ample store of useful knowledge both of particular facts and of general truths and principles. Another distinct and yet more important object in any scheme of education, is to fit the pupil for the practical duties of life, by the discipline of those faculties which are to constitute the

instruments of his daily operations in the ordinary exercise of his responsible calling. Much may be done towards the attainment of this discipline, as already remarked, by a happy combination of the system of instruction by lectures, with a judicious scheme of daily examinations. But the most important agent in this work is the clinical teacher, under whose superintendence each pupil should be required to observe cases; keep a record of the observed phenomena; announce his diagnosis and the grounds upon which it is based; indicate the course of treatment which might appear to be applicable upon a rational consideration of the known pathology of the disease, or which an enlightened and reliable empiricism had proved to be efficacious in similar cases; and, finally, to analyze a large number of cases, whether perceived by himself or recorded by trustworthy observers, with a view of enlarging his acquaintance with those general truths that might escape notice in the contemplation of isolated cases. The first crude performances of the tyro should be kindly but faithfully criticised, models of excellence should be held up before him for his study, and such incentives to earnest and patient labor should be employed as might appear to promise benefit. All this is, indeed, so obvious as to have become trite; and if the examination which gives a title of admission into the ranks of the profession were so conducted as to test the student's skill in practical diagnosis, and the extent of his resources, in the management of cases of a certain degree of obscurity, as dependent upon his capacity to deduce conclusions from analogy when more positive data cannot be obtained, such instruction would undoubtedly be sought by every student, prior to his appearance before the examining board. Nor would adequate facilities for obtaining such instruction, be long wanting. The demand would at once create the supply. The question to which, in this connection, your committee would desire to invite the attention of the members of the profession, and especially of those who are engaged in the business of medical teaching, has reference to the practicability and expediency of so conducting the process of the preliminary training of candidates for the medical profession, as to qualify them for this work of practical medical reasoning. They are impelled to offer a few remarks upon this subject, by a conviction that certain able and popular writers on the philosophy of medical science, have fallen short of presenting the entire truth, and, in their almost exclusive attention to one aspect of the subject, have disregarded or underrated the value of an important instrument of research in the investigation of medical truths.

Unquestionably one great source, perhaps the main source, of error in medical reasoning lies in the slenderness or inaccuracy of the data upon which premature conclusions are founded. To correct this defect, which, of course, would vitiate all reasoning based upon such premises, Louis and others have systematized rules for the exact and faithful performance of that department of labor in medical enquiries, which consists in *verifying* and *counting* facts. Nor can too much praise be accorded to those earnest and self-denying votaries of science, for the zeal and perseverance with which, undeterred by misrepresentation and ridicule, they have pursued their own arduous labors, and for their efforts to enlist the energies of youthful talent in carrying on the good work. But some of these distinguished men have occasionally so expressed themselves as to imply that observation forms the whole work of scientific investigation, disregarding or disparaging, by implication if not in direct terms, that branch of the problem which consists in the proper *interpretation* of the facts, the occurrence of which has been substantiated by the results of the numerical analysis. Counting and classifying the observed phenomena may suffice for the solution of a certain class of problems, such as the following: a disease being selected for investigation, to determine, by the numerical analysis of a sufficient number of cases, the relative frequency of various pathological changes and symptoms; or to determine the absolute or relative value of a particular remedy, or of a special mode of treatment by recording the results of such treatment, in a large number of cases, as compared with those which have been substantiated in connection with other methods of treatment. Louis was warranted in affirming, in reply to objectors that if a sufficient number of cases be taken, the differences between individual cases in one group will be balanced by equal differences in another group. Such groups are therefore legitimately comparable, and from such comparison general conclusions may be safely deduced. The common sense of mankind acknowledges this. It is a simple case of induction, which all physicians practice and rely upon, even those who decry the numerical process, the only difference being that some practice it carelessly, while others, by counting, insure exactness.

But, on the other hand, there are problems the solution of which the medical practitioner is obliged to attempt, whether it be willingly or unwillingly. He *must* solve them, to the best of his ability. What avails the numerical method when a novel phenomenon or an anomalous group of phenomena is presented for immediate interpretation? It will not, we pre-

sume, be denied that, under such circumstances—and they are of almost daily occurrence in the experience of every practitioner of medicine—the physician must be guided, as far as possible, by the light of analogy, the application of which to any given case may involve the use of both the inductive and the deductive processes of mind. Mr. Macaulay has, indeed, undertaken to disparage the value of the rules laid down by Lord Bacon in his celebrated analysis of the inductive process, by supposing a case in which a man rigidly observing these rules, as he erroneously contends, might yet seem to prove that the cause of the prevalence of Jacobinism in England was the bearing of *three* names, and thus arrive at a conclusion monstrously absurd. He proceeds to say that the only difference between such an induction and a legitimate one, "is not in the *kind* of instances, but in the *number* of instances; that is to say, that the difference is no in that part of the process for which Bacon has given precise rules, but in a circumstance for which no precise rule can possibly be given." The complete fallacy of this caricature of the inductive philosophy has been well exposed by the author* of a "Discourse on the Baconian philosophy," who properly insists that it is precisely the *kind* and not the *number* of instances which constitutes the difference between the two cases put by Mr. Macaulay. "For if the instances of the three names had been as numerous as the whole Jacobin party, though it would have been a marvelous coincidence, yet no man in his senses would have believed that the bearing three names was the cause of the prevalence of Jacobinism, and simply because the instances are not of the *kind* from which an inductive inference can be drawn, they not being *kindred* facts conjoined by a law of nature." Invariableness of the succession of two phenomena, such, for example, as night and day, does not always suffice to establish the relation of cause and effect; while in other cases we may often rest with perfect conviction upon the existence of this relation between two events the juxtaposition of which we may have observed in a single case. In such a case, the assigned cause is recognized not merely as a "*vera causa*," but as one which *on the grounds of analogy* is known to be capable of producing the observed effect. "Whenever, therefore, any phenomenon presents itself for explanation, we naturally seek, in the first instance, to refer it to some one or other of those real causes which experience has shown to exist, and to be efficacious in producing similar phenomena.

* Samuel Tyler, of the Maryland bar.

In this attempt our probability of success will, of course, mainly depend, first, on the number and variety of causes which experience has placed at our disposal; secondly, *on our habit of applying them to the explanation of natural phenomena;* and, thirdly, on the number of analogous phenomena we can collect, which have either been explained, or which admit of explanation, by some one or other of those causes, and the closeness of their analogy with that in question. Here, then, we see the great importance of possessing a stock of analogous instances or phenomena which class themselves with that under consideration, the explanation of one among which may naturally be expected to lead to that of all the rest. If the analogy of two phenomena be very close and striking, while at the same time, the cause of one is very obvious, it becomes scarcely possible to refuse to admit the action of an analogous cause in the other, though not so obvious in itself."* It is clear, then, not only that the possession of a large stock of analogous instances will augment our resources in undertaking the task of explaining natural phenomena, but that very "precise rules" may be given to teach us how to interpret nature as well as how to observe her operations. The value of Bacon's analysis of the inductive process, and of the rules laid down by that extraordinary man, has been too fully attested by the experience of all the successful votaries of positive science, to be discredited by the rhetorical flourishes of the popular essayist and historian.

An American expounder† of the philosophy of medical science would seem, if the phraseology which he occasionally employs be literally interpreted, to repudiate all "reasoning" as an aid in the discovery of scientific truths. And yet, after all, the difference between him and the accredited expositors of the principles of positive philosophy amounts to a mere dispute about words. For after denying, as well he might, that the object of science is to take facts as materials, and build up something out of these facts "by what is called inductive reasoning," which, by the way, is by no means a correct method of stating the position he intends to overthrow, he adds that "the science is in the facts and their *relationships* arranged and classified, and nothing else."

Well, this may be admitted, and it is quite enough. The discovery of the "*relationships*" is exactly what most persons mean by a process of inductive reasoning. It is quite true that the "relationships" are not constructed out of the facts,

* "Discourse on the Study of Natural Philosophy," by Sir J. F. W. Herschell.

† E. Bartlett. "Essay on the Philosophy of Medical Science."

and no man in his senses ever supposed that they were. But it is equally true that they are not discovered by sensible observation *alone*, as particular facts may be discovered. They are not seen nor made palpable to the organs of touch, but are *inferred* when the events which they connect are observed in a certain order of succession. When the phenomenon is simple, the juxtaposition of its elements may be so close as to be easily substantiated, and the idea of the "relationship" arises immediately to the mind. But in the more complicated cases which daily present themselves to the practical physician, we are constrained to avail ourselves of the light that may be derived from our experience in cases more or less analogous. It is in vain to attempt to extinguish the light which the human mind instinctively kindles for itself, when constrained to form some conclusion in cases of doubt and obscurity. Analogy is, we may admit, "a fertile source of error" and "the fruitful parent of fallacious conclusions," when allowed to usurp the office of more reliable data, or to have more weight than may attach to the grounds of a provisional conclusion to be verified or corrected by future observations. In reply to all this, we shall probably be told that a tendency to theorize is the bane of medical investigations, and needs no stimulus. We do not propose a stimulus, but a corrective of the natural habit of premature and unwarranted generalization upon remote and doubtful analogies, by the contemplation of cases in which the legitimate use of the argument by analogy has led to useful discoveries, and by the earnest and thoughtful study of such works as Herschell's "Discourse on the Study of Natural Philosophy," Mills' "System of Logic," Whewell's "Philosophy of the Inductive Sciences," Tyler's "Discourse on the Baconian Philosophy," and the great "Novum Oganon" itself.

Your committee beg leave, in conclusion, to submit to your consideration the following resolutions, as a summary of the principal views embodied in the foregoing report:

1. Resolved, that the views and recommendations heretofore expressed by this association, respecting the importance of establishing a uniform standard of preliminary education, of extending the term of lectures, and especially of greatly elevating the standard of professional attainments requisite to graduation, be hereby reaffirmed.

2. Resolved, that this association approves and recommends the practice of daily examinations by each professor, as essential for securing "that active, practical discipline" of the mind which is one of the most important ends of collegiate instruction; and believes, not only that such a system might be easily put into operation, under an extension of the term

of lectures, but that the whole ground work of elementary medical instruction might be most advantageously assigned to the schools which may adopt that system, as a substitute for the very faulty one of private office instruction now in common use.

3. Resolved, that this association cordially approves of the establishment of "private schools" duly organized for giving that species of instruction which consists "in demonstrations" and other practical exercises "on the part of the student, instead of the instructor, but still under his direction and superintendence," embracing the whole circle of clinical observation and practice, the use of the microscope, chemical manipulations, and the performance of surgical operations on the dead body; and would earnestly recommend such institutions to the patronage of those graduates who did not enjoy similar advantages during the period of their collegiate pupilage.

4. Resolved, that those medical colleges whose curriculum does not now include full courses of lectures on physiology and medical jurisprudence, be earnestly invited to make immediate provision for supplying the deficiency, and to require the professor of physiology to make an exposition of the outlines of comparative anatomy, to such extent, at least, as may be necessary to enable the student to appreciate the force of the evidence upon which the modern doctrines of physiology mainly rest.

5. Resolved, that to insure the efficient and beneficial operation of the proposed measures of reform, the association considers it essential that some uniform system of examining candidates for admission into the ranks of the medical profession, *in addition to the collegiate examinations for degrees*, should be adopted in all the states of the Union.

6. Resolved, that the association regards as auspicious omens of future progress, the already improved character of our medical literature, and the evidences of an increasing desire, on the part of a respectable number of medical students, for a higher grade of professional education, as exhibited in the patronage extended to extra collegiate organizations for practical teaching; and that, in view of such encouraging signs, it cherishes an abiding conviction that more thorough and general reforms will be ultimately, though gradually, accomplished.*

J. L. Cabell, M. D., *Chairman.*

* Dr. Cabell not being in attendance, his report was not read before the association, and therefore no action was had upon these resolutions.

E. S. Lemoine, *Secretary.*

Menorrhagia.

BY EDWARD RIGBY, M. D., ETC.

In selecting cases of menorrhagia coming on at that period of a woman's life when the menses are either about to cease, or ought to have done so, and attended with local symptoms and conditions of the uterus which I have considered to be of a suspicious, if not dangerous, character, let it be understood that I by no means point them out as cases of actual malignant disease, but merely as exhibiting more or less of a disposition thereto, although still, in many instances, admitting of considerable relief by treatment.

If we examine into the history of malignant uterine disease, we shall, in most instances, find that there has been an early passive stage of considerable duration; that the health has become gradually impaired, the uterine functions deranged; in women who have been pregnant several times, their two or three last pregnancies have probably terminated in abortion, which has come on without any very assignable cause. I am aware that this applies equally well to nonmalignant disease, like fibrous tumor; but it is not the less worthy of note, as it often furnishes us with the earliest data respecting the commencement of the disease, and enables us, in reviewing the history of the case, to trace it back to an earlier period than would otherwise have been suspected. That abortion is not an invariable forerunner of malignant or nonmalignant disease, is proved by the well known fact of pregnancy being associated with every form of it, and running its course undisturbed to a late, or even the full period, even under circumstances where it could scarcely have been supposed possible. This, however, must be rather looked upon as an exception to the rule, that pregnancy occurring during the two or three years which precede the outbreak of uterine disease mostly terminates in abortion. I hold, therefore, that abortion coming on without any very evident cause in a woman past 40, is a suspicious symptom, and the more worthy of attention, as the early symptoms of uterine disease are generally too inappreciable to attract even the notice of the patient, and are of a nature about which she would not willingly consult a medical man if she could possibly avoid it.

In most instances, abortion is rather a retrospective symptom, to afford some probable clue as to how long the disease has existed, when the fears of the patient and suspicions of the medical man have been excited by attacks of menorrhagia. It is to these attacks (of menorrhagia) in their earliest

stages and slightest degrees, and more particularly to that group of symptoms which I mentioned in my last report as chiefly connected with chylo-poietic derangement, and to the anæmic, chlorotic appearance of the patient, that I am peculiarly anxious to draw the attention of the profession, because this is the period when treatment will be of most avail, and produce the most striking effects.

Mrs. H., aged 50; married 21 years; four children; aborted in her last three pregnancies; short and stout; pale and flabby.

Dec. 10, 1849.—Profuse bloody discharge, coming on irregularly, sometimes bright, at others dark. The periods have varied a good deal of late, sometimes appearing every fortnight, at others only once in five weeks. They last more than a week, and are profuse for the first four or five days; sometimes preceded for some hours by rather sharp pain about the hips, which she is in the habit of relieving by a sedative pill. These attacks are attended with much nervous depression. Has pain sometimes of one and sometimes of the other groin. Tongue clean, but sulcated. Bowels regular.

The catamenia have been gradually becoming profuse during the last ten years, and first showed this disposition two years after her last abortion. During the last year she has had a slight watery discharge, which stiffens her linen.

Examination per Vaginam.—Os uteri high up, small and soft; cervix short; uterus much enlarged. The uterine sound would not pass at first beyond one inch, but the dilator passed easily through the os internum, and then the sound passed 3½ inches. A quantity of thick, clotty, dark brown fluid came away. The fundus is inclined to the right side.

℞ Pil. hydrarg, gr. iij, ferri sulph. gr. ij, extr. hyoscyami gr. v. M. ft. pil. ij o. n. s. Mist. potassæ bicarb. et nitratis ter die.

12th.—Catamenia coming on. Omitt. mist.

℞ Acidi gallici, extr. hyoscyami aa. gr. v. M. ft. pil. ij bis die sumend.

15th.—Catamenia came on freely, but not profusely, and without clots. The discharge was brown and rather thick. Has not felt weakened by it. Bowels confined.

℞ Pil. hydrarg. extr. coloc. co., extr. hyosc. aa. ℈ j. M. ft. pil. xij, sumat ij h. s.

20th.—Was seized during the night with severe pain of spasmodic character in different parts of the abdomen, which feels full and loaded; she bears gentle pressure, but vomits occasionally; pulse feeble; looks very ill.

℞ Ol. ricini ℥ vj statim; et repet. si opus sit. Enema magnum.

℞ Hydrarg. c. cretâ, pulv. ipecac. comp. aa. gr. v, h. ss.

24th.—Is much better; has continued the pills every night, and castor oil every morning; large quantities of knotty scybala have come away daily with very great relief; still, however, the abdomen is large and doughy.

℞ Ext. hyosc., ext. gentianæ aa. gr. v, o. n.

℞ Ferri sulph. gr. xvj; magnesiæ sulph. ℥ j; acidi sulph. dil. ℥ j; syrupi rhœados ℥ ss.; aquæ menthæ pip. ℥ vijss. M. ft. mistura, sumat cochl. magn. ij primo mane.

1852, Dec. 2.—Has had no catamenia or discharge of any kind for a year; is looking better; has kept the bowels regular with a rhubarb draught and an occasional blue bill. Has pains (apparently hepatic) across the middle of the back and right shoulder; lies best on the right side; these pains come on every four or five weeks, at which time the right hypochondrium is tender.

℞ Pil. hydr. ext. hyosc. aa. gr. v h. s. p. r. n.

℞ Acidi hydrochlor. dil., acidi nitrici dil. aa. ℥ j; liq. tarax. ℥ j; infusi aurantii comp. ℥ vij. M. ft. mistura cujus sumat cochl. magna ij, ter die.

℞ Sodæ potassio tart. mannæ opt. aa. ℥ ss.; pulv. rhœi ℥ ss.; aq. menthæ pip. ℥ iij. M. ft. haust. sumat demid. primo mane post pilulas.

1854, April 1.—Is suffering from pains of a spasmodic character, commencing beneath the right scapula, and extending round to the left side; evacuations dark; urine rather scanty; no discharge of any kind; the right hypochondrium is tender during an attack. Has taken pil. hydr. three times during the week. Rep. pil. hydr. p. r. n.

℞ Liq. taraxaci cochl. min. j om. nocte ex aquâ vel lacte.

℞ Lin. camp. co. ℥ iiss.; tinct. opii ℥ ss. M. ft. linimentum parti dolenti applicand.

In this case, it is worthy of the remark, that her three last pregnancies terminated prematurely in abortion, that the catamenia, in two years after the last abortion, had gradually assumed a menorrhagic character, and latterly had become irregular as to the periods, and variable as to the appearance of the discharge; moreover, during the last year, she had had in the intervals a watery discharge, which rendered the linen stiff on becoming dry. The uterus was larger and more bulky than natural; the os uteri internum did not admit the sound; but, as is frequently seen with the urethra, allowed a larger blunt instrument to pass; the uterine cavity was increased in

size, and filled with dark brown grumous fluid. The sum of this evidence is decidedly of an unfavorable character; it shows that the uterus was much enlarged from passive congestion, and that the upper part of the canal of the cervix was sufficiently obstructed by swelling to retain a quantity of the last catamenial discharge.

The bowels were stated to be regular; I did not, therefore, venture to give a purgative in her exhausted state, and even combined the small dose of blue pill with a tonic, and as soon as there were evidences that the catamenia were returning, I gave her the gallic acid with good effect; the discharge, although free, did not become profuse, and she was spared the severe prostration which she had suffered on previous occasions; further observation, however, convinced me that the bowels were much loaded; purgative medicine of mild but effective character was given, and its action still further assisted by a large enema; great quantities of scybala were dislodged with striking relief, and their evacuation was followed by general improvement of her symptoms. There can be little doubt but that this intestinal accumulation had tended much to aggravate the uterine congestion, and thereby the hæmorrhage; and, *vice versâ*, that the enlarged uterus, thus pressed upon by the loaded bowels, had much increased the constipation by the pressure which it exerted upon the rectum.

I regret much that I had not the opportunity of making another examination, that I might ascertain what amount of change had taken place in the uterus, and especially how far it had diminished in size; but her improved state of health rendered it unnecessary.—*Med. Times.*

Notice of Dr. William A. Patteson.

In our present issue, our readers will find the portrait of Dr. William A. Patteson, who was elected president of the medical society in the year 1845.

At the commencement of his professional career, he located himself in the town of Manchester, on the opposite side of the river; there, and in the surrounding country, his advice was largely sought by his fellow citizens.

In the autumn of 1834 Dr. P. removed to this city. His skill as a practitioner preceded his removal, and speedily procured for him an excellent practice. As presiding officer of the society, no one within our knowledge has ever surpassed him.

The lithograph was drawn from a portrait taken some ten years ago. The cares of his professional life may since then have added a wrinkle to his brow, but the warm attachment of his friends has suffered no diminution by the lapse of time. If their wishes can avail, very many years will be added to his valuable life.

Exchanges.

The STETHOSCOPE is regularly mailed (even before subscribers are served) to the following journals; but we regret that, owing to some post office derangement, or other inexcusable reason, we fail to receive many of our exchanges:

American Journal of Medical Sciences.
" " Dental Sciences.
The Peninsular Journal of Medicine.
American Journal of Insanity.
" " Pharmacy.
New York Journal of Medicine.
New Jersey Medical Reporter.
Medical Examiner.
Charleston Medical Journal and Review.
New Orleans Medical and Surgical Journal.
Southern Medical and Surgical Journal.
Buffalo Medical Journal.
Northwestern Medical and Surgical Journal.
Kentucky Medical Recorder.
Western Lancet.
Memphis Medical Recorder.
Iowa Medical Journal.
New York Medical Times.
" " Gazette.
New York Scalpel.
Boston Medical and Surgical Journal.
West. Jour. of Medicine and Surgery.
Ohio Medical and Surgical Journal.
Nashville Journal of Medicine and Surgery.
New Orleans Monthly Medical Register.
Nelson's Northern Lancet.
New Hampshire Journal of Medicine.
New York Journal of Pharmacy.
Western Medico-Chirurgical Journal.
Upper Canada Journal of Medicine.
Dublin Quarterly Journal of Medical Science.
Dublin Medical Press.
Journal of Psychological Medicine, London.
London Lancet.
Medico-Chirurgical Review.
Retrospect of Medicine, by Braithwaite.
Abstract of Medical Sciences, by Ranking.
Southern Literary Messenger.
Methodist Quarterly Review.
Numerous literary periodicals.

Our thanks are returned for the various *newspapers* which are sent to this office.

☞ Will our confrères be careful in future to direct to "The Stethoscope." If any fail to receive this publication, will they be kind enough to notify us of the fact?

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